Entity Name	5, INC. Secretary of S 3397148416	State		
295 HWY. 331 I	ncipal Place of Business: NORTH RINGS, FL 32433		5597 1464 10	
Current Mai	ling Address:			
P.O. BOX 27 DEFUNIAK \$	6 SPRINGS, FL 32439 US			
FEI Number: 59-2265393 Certificate			Certificate of Status Desired:	No
Name and A	ddress of Current Registered Agent:			
NELSON, WILL 1473 KINGS LA DEFUNIAK SPF				
The above named	l entity submits this statement for the purpose of changing its n	eaistered office or reais	tered agent, or both, in the State of Florida.	
		-9	5	
	WILLIAM NELSON	-g	G	31/2022
		- 9	01/3	31/2022 Date
	Electronic Signature of Registered Agent		01/3	
SIGNATURE	Electronic Signature of Registered Agent	Title	01/3	
SIGNATURE	WILLIAM NELSON Electronic Signature of Registered Agent Ctor Detail :		01/3 [
SIGNATURE Officer/Direc Title	WILLIAM NELSON Electronic Signature of Registered Agent Ctor Detail : P	Title	01/3 s	
SIGNATURE Officer/Direc Title Name	WILLIAM NELSON Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD	Title Name	01/3 S ROBERTS, TRACY M	
SIGNATURE Officer/Direc Title Name Address	WILLIAM NELSON Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD	Title Name Address	01/3 S ROBERTS, TRACY M 115 WEST PICASSO	
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	WILLIAM NELSON Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD DEFUNIAK SPRINGS FL 32433	Title Name Address City-State-Zip:	01/3 S ROBERTS, TRACY M 115 WEST PICASSO DEFUNIAK SPRINGS FL 32433	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD DEFUNIAK SPRINGS FL 32433 T	Title Name Address City-State-Zip: Title	01/3 S ROBERTS, TRACY M 115 WEST PICASSO DEFUNIAK SPRINGS FL 32433 AT	
SIGNATURE Officer/Direct Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD DEFUNIAK SPRINGS FL 32433 T PARROTT, AMANDA	Title Name Address City-State-Zip: Title Name	01/3 S ROBERTS, TRACY M 115 WEST PICASSO DEFUNIAK SPRINGS FL 32433 AT CALLAHAN, STEPHANIE L 45 TALL PINES BLVD	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P NELSON, WILLIAM R 1473 KINGS LAKE RD DEFUNIAK SPRINGS FL 32433 T PARROTT, AMANDA 55 PARTICK DR	Title Name Address City-State-Zip: Title Name Address	01/3 S ROBERTS, TRACY M 115 WEST PICASSO DEFUNIAK SPRINGS FL 32433 AT CALLAHAN, STEPHANIE L 45 TALL PINES BLVD	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY ROBERTS

244 NINA STREET City-State-Zip: DEFUNIAK SPRINGS FL 32433

Address

SECRETARY

01/31/2022 Date

FILED Jan 31, 2022

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007901