SIGNATURE: WILLIAM S JONES

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Electronic Signature of Registered Agent

Title	CHAIRMAN, TREASURER, SECRETARY	Title Name	
Name	JONES, WILLIAM S		JONES, CHRISTIE
Address	3539 APALACHEE PARKWAY, #212	Address	3539 APALACHEE PARKWAY, #212
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL 32311
Title	DIRECTOR		
Name	MAY, DELENA		
Address	3539 APALACHEE PARKWAY, #212		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Name and Address of Current Registered Agent:

COATES LAW FIRM, PL 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301 US

SIGNATURE:

SUITE 1 TALLAHASSEE, FL 32301

REPORT

Current Mailing Address:

115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301

115 EAST PARK AVENUE

Current Principal Place of Business:

DOCUMENT# N06000010702

Entity Name: COMMITTEE FOR RESPONSIBLE REPRESENTATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

FEI Number: 20-5709936

City-State-Zip: TALLAHASSEE FL 32311

above, or on an attachment with all other like empowered.

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

TREASURER

07/01/2016

FILED Jul 01, 2016 Secretary of State CC7812861164

Certificate of Status Desired: No

Date

Date