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 [,] BRIAN STONE	PD	03/25/2020		

FEI Number: NOT APPLICABLE Name and Address of Current Registered Agent:

DOCUMENT# N07000007725

206 GIRARD AVENUE, NW FT WALTON BCH. FL 32548

Current Mailing Address: 206 GIRARD AVENUE, NW FT WALTON BCH FL 32548

Current Principal Place of Business:

STONE, BRIAN A 206 GIRARD AVENUE, NW FT WALTON BCH, FL 32548 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STD
Name	STONE, BRIAN A	Name	ZUPPA, JOSEPH M
Address	206 GIRARD AVENUE, NW	Address	206 GIRARD AVENUE, NW
City-State-Zip:	FT WALTON BCH FL 32548	City-State-Zip:	FT WALTON BCH FL 32548

SIGNATURE: BRIAN STONE PD

Electronic Signature of Signing Officer/Director Detail

2177086661CC

Certificate of Status Desired: No

Date

Date