Current Mailing Address:         P.O. BOX 2117         ST. AUGUSTINE, FL 32085 US         FEI Number: 7-1971825       Certificate of Status Desired: No         Name and Adtress of Current Registered Agent:         DUDLEY, WILLIAM E 1072 ACAAD DRIVE ST. AUGUSTINE, FL 32086 US         The above name dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.         SIGNATURE       WILLIAM E DUDLEY         Icectronic Signature of Registered Agent       03/13/2019         Dete       Date         Officer/Directro Detail       Date         Title       C       Name         DUDLEY, WILLIAM E       Name       QUINN, RAY A         Address       PO BOX 2117       Address       PO BOX 2117         City-State-Zip:       ST. AUGUSTINE FL 32085       City-State-Zip:       ST. AUGUSTINE FL 32085         Title       T       Title       S         Name       MOUNTCASTLE, JOHN       Name       ROTHFELD, MICHAEL S         Name       MOUNTCASTLE, JOHN       Name       ROTHFELD, MICHAEL S         Address       PO BOX 2117       Address       PO BOX 2117		-		COUNTY, INC		y of State 3381CC		
ST. AUGUSTINE, FL 32085 US         Certificate of Status Desired: No         Name and Address of Current Registered Agent:         DUDLEY, WILLIAM E       Integest and DRIVE       ST. AUGUSTINE, FL 32086 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:       03/13/2019         The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.         SIGNATURE:       03/13/2019         Diffeer/Directoric Signature of Registered Agent       Date         Date         Diffeer/Director Detail :         Title       C       Name       QUINN, RAY A         Address       PO BOX 2117       Address       PO BOX 2117         City-State-Zip:       ST. AUGUSTINE FL 32085       City-State-Zip:       ST. AUGUSTINE FL 32085         Title       Title         Title       T       Name       Name       SC         Name       MOUNTCASTLE, JOHN       Name       ROTHFELD, MICHAEL S		Current Mai	ling Address:					
Name and Adress of Current Registered Agent:       DUDLEY, WILLIAM E         DUDLEY, WILLIAM E       32086 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:         WILLIAM E DUDLEY         DUDLEY         Electronic Signature of Registered Agent         Date         Officer/Director Detail :         Title         C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
DUDLEY, WILLIAM E 1072 ALCALA DRIVE ST. AUGUSTINE, FL 32086 US         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         SIGNATURE:         VILLIAM E DUDLEY       03/13/2019         Electronic Signature of Registered Agent       Date         Officer/Directr Detail :         Title       C       Title       VC         Name       DUDLEY, WILLIAM E       Name       QUINN, RAY A         Address       PO BOX 2117       Address       PO BOX 2117         City-State-Zip:       ST. AUGUSTINE FL 32085       City-State-Zip:       ST. AUGUSTINE FL 32085         Title       T       Title       S         Name       MOUNTCASTLE, JOHN       Name       ROTHFELD, MICHAEL S	FEI Number: 27-1971825 Certificate of Status De					sired: No		
1072 ALCALA DRIVE ST. AUGUSTINE, FL 32086 US         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.         SIGNATURE:         03/13/2019         Date         Date         Cofficer/Director Detail:         Title       C         Title       QUINN, RAY A         Address       PO BOX 2117       Address       PO BOX 2117         City-State-Zip:       ST. AUGUSTINE FL 32085       City-State-Zip:       ST. AUGUSTINE FL 32085         Title       T       Title       S         Name       MOUNTCASTLE, JOHN       Name       ROTHFELD, MICHAEL S		Name and A	ddress of Current Registered Agent:					
SIGNATURE:WILLIAM E DUDLEY03/13/2019DateDateOfficer/Director Detail :TitleCTitleVCNameDUDLEY, WILLIAM ENameQUINN, RAY AAddressPO BOX 2117AddressPO BOX 2117City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S		1072 ALCALA DRIVE						
DateDateDateOfficer/Director Detail :TitleCTitleVCNameDUDLEY, WILLIAM ENameQUINN, RAY AAddressPO BOX 2117AddressPO BOX 2117City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S			E, FL 32086 US					
Deficience of registeries		ST. AUGUSTIN		stered office or regis	tered agent, or both, in the State of F	lorida.		
TitleCTitleVCNameDUDLEY, WILLIAM ENameQUINN, RAY AAddressPO BOX 2117AddressPO BOX 2117City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S		ST. AUGUSTIN	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F			
NameDUDLEY, WILLIAM ENameQUINN, RAY AAddressPO BOX 2117AddressPO BOX 2117City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S		ST. AUGUSTIN	d entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY	stered office or regis	tered agent, or both, in the State of F	03/13/2019		
AddressPO BOX 2117AddressPO BOX 2117City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S		ST. AUGUSTIN The above named SIGNATURE	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/13/2019		
City-State-Zip:ST. AUGUSTINE FL 32085City-State-Zip:ST. AUGUSTINE FL 32085TitleTTitleSNameMOUNTCASTLE, JOHNNameROTHFELD, MICHAEL S		ST. AUGUSTIN The above named SIGNATURE Officer/Dired	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent ctor Detail :			03/13/2019		
Title     T     Title     S       Name     MOUNTCASTLE, JOHN     Name     ROTHFELD, MICHAEL S		ST. AUGUSTIN The above named SIGNATURE Officer/Dired Title	d entity submits this statement for the purpose of changing its regis E: WILLIAM E DUDLEY Electronic Signature of Registered Agent C C	Title	VC	03/13/2019		
Name     MOUNTCASTLE, JOHN     Name     ROTHFELD, MICHAEL S		ST. AUGUSTIN The above named SIGNATURE Officer/Dired Title Name	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent ctor Detail : C DUDLEY, WILLIAM E	Title Name	VC QUINN, RAY A	03/13/2019		
		ST. AUGUSTIN The above named SIGNATURE Officer/Dired Title Name Address	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent Ctor Detail : C DUDLEY, WILLIAM E PO BOX 2117	Title Name Address	VC QUINN, RAY A PO BOX 2117	03/13/2019		
Address PO BOX 2117 Address PO BOX 2117		ST. AUGUSTIN The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent ctor Detail : C DUDLEY, WILLIAM E PO BOX 2117 ST. AUGUSTINE FL 32085	Title Name Address City-State-Zip:	VC QUINN, RAY A PO BOX 2117 ST. AUGUSTINE FL 32085	03/13/2019		
		ST. AUGUSTIN The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	entity submits this statement for the purpose of changing its regis WILLIAM E DUDLEY Electronic Signature of Registered Agent Ctor Detail : C DUDLEY, WILLIAM E PO BOX 2117 ST. AUGUSTINE FL 32085 T	Title Name Address City-State-Zip: Title	VC QUINN, RAY A PO BOX 2117 ST. AUGUSTINE FL 32085 S	03/13/2019		

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: JOHN MOUNTCASTLE

City-State-Zip: ST AUGUSTINE FL 32085

Electronic Signature of Signing Officer/Director Detail

TREASURER

City-State-Zip: ST AUGUSTINE FL 32085

03/13/2019

Date

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0900002607

FILED Mar 13, 2019 crotary of State 6