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.

SECRETARY

SIGNATURE: RYAN MATTHEW ADAIR

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

DOCUMENT# N12000010206

Current Principal Place of Business:

ADAIR, RYAN M 901 TADPOLE AVENUE NICEVILLE, FL 32578 US

1024 WHITE POINT ROAD NICEVILLE. FL 32578

Current Mailing Address:

NICEVILLE. FL 32578

FEI Number: 59-3174361

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:

PO BOX 5302

Officer/Director Detail :

Title	PRESIDENT	Title	TRES
Name	ARK, NATE	Name	ADAIR, RYAN M
Address	PO BOX 5302	Address	PO BOX 5302
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

Electronic Signature of Registered Agent

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NORTH BAY PROFESSIONAL FIREFIGHTERS INC.

Certificate of Status Desired: No

01/13/2018

FILED Jan 13, 2018 Secretary of State CC6509443966

Date

Date