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: CLARA WATERMAN POWELL

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N14000007493

Entity Name: SPECIAL OPERATIONS OF SOUTH FLORIDA, INC.

# Current Principal Place of Business:

745 SE 18 LANE HOMESTEAD, FL 33033

## **Current Mailing Address:**

SPECIAL OPERATIONS OF SOUTH FLORIDA, INC PO BOX 902213 HOMESTEAD, FL 33090

# FEI Number: 47-1652955

# Name and Address of Current Registered Agent:

MONGOLE, RON 437 SE 22 DRIVE HOMESTEAD, FL 33033 US FILED Apr 07, 2017 Secretary of State CC2767963978

Certificate of Status Desired: No

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	Ρ	Title	ST	
Name	BATISTA, CARLOS	Name	POWELL, CLARA W	
Address	613 OCEAN DR. UNIT 11-C	Address	745 SE 18TH LANE	
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	HOMESTEAD FL 33033	
Title	V	Title	Ρ	
Name	LYONS, PHILLIP C	Name	BATISTA, CARLOS	
Address	11165 SW 133RD CT	Address	613 OCEAN DR. UNIT 11-C	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	KEY BISCAYNE FL 33149	
Title	ST			
Name	POWELL, CLARA W			
Address	745 SE 18TH LANE			
City-State-Zip:	HOMESTEAD FL 33033			

TREASURER

04/07/2017 Date

Date