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	E:			
	Electronic Signature of Registered Agent			D
Officer/Dire	ctor Detail :			
Title	D	Title	D	
Name	BARTLEY, JOHN	Name	HINSON, FRANCIS	
Address	722 WEST HIGHWAY 22	Address	722 WEST HIGHWAY 22	
City-State-Zip:	WEWAHITCHKA FL 32465	City-State-Zip:	WEWAHITCHKA FL 32465	
Title	D			
Name	EVANS, KRISTIN			
Address	722 WEST HIGHWAY 22			
City-State-Zip:	WEWAHITCHKA FL 32465			

# 722 WEST HIGHWAY 22

#### Name and Address of Current Registered Agent:

FLOYD, J. PATRICK 408 LONG AVENUE PORT ST. JOE, FL 32456 US

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.

D

#### SIGNATURE: JOHN BARTLEY

Electronic Signature of Signing Officer/Director Detail

Entity Name: LINE WORKERS DISASTER RECOVERY FUND, INC.

### **Current Principal Place of Business:**

722 WEST HIGHWAY 22 WEWAHITCHKA, FL 32465

### **Current Mailing Address:**

WEWAHITCHKA. FL 32465 US

### FEI Number: 00-000000

#### Certificate of Status Desired: No

01/30/2020 Date

## FILED Jan 30, 2020 Secretary of State 3729376327CC

Date