•		EVIEW, FLOR	IDA, INC	Secretary of State 4079581309CC
Current Mai	ling Address:			
P.O. BOX 23 BELLEVIEW	73 /, FL 34421 US			
FEI Number: 59-2774044 Certificate of Stat			Status Desired: No	
Name and A	ddress of Current Registered Agent:			
WIMMER, LISA 5750 SE 115 S BELLEVIEW, F	r			
The above name	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in	the State of Florida.
SIGNATURE	E LISA J WIMMER			02/04/2020
				02/04/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire				
Officer/Dire Title		Title	SD	
	ctor Detail :	Title Name	SD DANIEL, BETH AI	Date
Title	ctor Detail : VP			Date NN SD
Title Name Address	Ctor Detail : VP WALLACE, HELEN RUTH VP	Name Address	DANIEL, BETH AI	Date NN SD OT 214
Title Name Address	Ctor Detail : VP WALLACE, HELEN RUTH VP PO BOX 946	Name Address	DANIEL, BETH AI 9701 E HWY 25 L	Date NN SD OT 214
Title Name Address City-State-Zip:	Ctor Detail : VP WALLACE, HELEN RUTH VP PO BOX 946 BELLEVIEW FL 34421	Name Address	DANIEL, BETH AI 9701 E HWY 25 L	Date NN SD OT 214
Title Name Address City-State-Zip: Title	Ctor Detail : VP WALLACE, HELEN RUTH VP PO BOX 946 BELLEVIEW FL 34421 TD	Name Address	DANIEL, BETH AI 9701 E HWY 25 L	Date NN SD OT 214

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19235

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.

SD

SIGNATURE: BETH ANN DANIEL

Electronic Signature of Signing Officer/Director Detail

02/04/2020

FILED Feb 04, 2020