| | Entity Name | RATED Secretary of CC0892507 | | | |
|---|--|--|-----------------|--------------------------------|--|
| | Current Principal Place of Business: 1103 TILTON ROAD PORT SAINT LUCIE, FL 34952 | | | | |
| Current Mailing Address: | | | | | |
| | 1103 TILTON ROAD PORT SAINT LUCIE, FL 34952 | | | | |
| FEI Number: 59-0882449 | | | | Certificate of Status Desired: | |
| Name and Address of Current Registered Agent: | | | | | |
| | BESSEMER WILLIAM K. 1103 TILTON RD. PORT SAINT LUCIE, FL 34952 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: | | | | |
| | | Electronic Signature of Registered Agent | | | |
| | Officer/Director Detail : | | | | |
| | Title | DP | Title | DV | |
| | Name | BESSEMER, WILLIAM K | Name | BESSEMER, WILLIAM K | |
| | Address | 1103 TILTON RD. | Address | 1103 TILTON RD | |
| | City-State-Zip: | PORT SAINT LUCIE FL 34952 | City-State-Zip: | PORT SAINT LUCIE FL 34952 | |
| | Title | DS | Title | DT | |
| | | | | | |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Name

Address

City-State-Zip:

SIGNATURE: WILLIAM K. BESSEMER

KIRKBRIDE, TAMARA A

JENSEN BEACH FL 34957

2644 NE PALM AVE

Name

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

KIRKBRIDE, TAMARA A

JENSEN BEACH FL 34957

2644 NE PALM AVE.

01/17/2018

Date

FILED Jan 17, 2018 **Secretary of State** 07628

ed: No

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 237228