#### 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. 03/13/2023

SIGNATURE: LANCE STONER

Electronic Signature of Signing Officer/Director Detail

6115 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

FEI Number: 59-1654074

DOCUMENT# 501142

6115 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

**Current Mailing Address:** 

P.O.BOX 8622 (32239)

### Name and Address of Current Registered Agent:

Entity Name: DOUBLE S ENTERPRISES, INC.

**Current Principal Place of Business:** 

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

STONER, LYNN W. 13770 PLEASANT VALLEY DR. JACKSONVILLE, FL 32225 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	PD	Title	STD
Name	STONER, LYNN W	Name	STONER, CONNIE CHANCEL
Address	13770 PLEASANT VALLEY DR	Address	13770 PLEASANT VALLEY DR
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL
Title	VP		
Name	STONER, LANCE C		
Address	847 WATERMAN RD. S.		
City-State-Zip:	JACKSONVILLE FL 32207		

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

**VP OF OPERATIONS** 

Date

Date

# FILED Mar 13, 2023 Secretary of State 7496164533CC

Certificate of Status Desired: No