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.

SIGNATURE: MICHAEL S. SMITH

Electronic Signature of Signing Officer/Director Detail

Entity Name: SMITH & ASSOCIATES ATTORNEYS AT LAW, P.A.

Current Principal Place of Business:

411 N WASHINGTON ST PO DRAWER 579 PERRY, FL 32347

Current Mailing Address:

411 N WASHINGTON ST PO DRAWER 579 PERRY, FL 32347

FEI Number: 59-1792763

City-State-Zip: LAKE CITY FL

Name and Address of Current Registered Agent:

101 E. MADISON ST

SMITH, MICHAEL S. 411 N WASHNGTON ST PERRY, FL 32347 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:

Address

Electronic Signature of Registered Agent **Officer/Director Detail :** Title SD Title PD SMITH, STEPHEN A. SMITH, MICHAEL S. Name Name

> Address City-State-Zip:

Certificate of Status Desired: No

411 N WASHINGTON ST

PERRY FL

01/05/2017

Date

Date