PEACHTREE C	CITY, GA 30269			
Current Mai	ling Address:			
P.O. BOX 18	35 GA 30012 US			
CONTERS,	GA 30012 03			
FEI Number: 59-2004213		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
URS AGENTS, 3458 LAKESHO TALLAHASSEE				
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.				
The above hame	a entity submits this statement for the purpose of changing its regis	stered office of regis	lered agent, or boun, in the State of 110	nua.
	E: CHRISTIAN EUBANKS	stered onice of regis	lered agent, or boun, in the state of ho	03/18/2020
	, , , , , , , , , , , , , , , , , , , ,	stered onice of regis	tereu agent, or boun, in the State of Fio	
	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent		lereu agent, or bour, in the State of Fio	03/18/2020
SIGNATURE	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent	Title	CFO	03/18/2020
SIGNATURE Officer/Dire	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent Ctor Detail :			03/18/2020
SIGNATURE Officer/Dire	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent CEO	Title	CFO	03/18/2020
SIGNATURE Officer/Dire Title Name	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent CEO WILLIAMS, RONALD L 100 KEDRON DR	Title Name	CFO RESPESS, JAMES L 100 KEDRON DR	03/18/2020
SIGNATURE Officer/Dire Title Name Address	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent CEO WILLIAMS, RONALD L 100 KEDRON DR	Title Name Address	CFO RESPESS, JAMES L 100 KEDRON DR	03/18/2020
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: CHRISTIAN EUBANKS Electronic Signature of Registered Agent CEO WILLIAMS, RONALD L 100 KEDRON DR PEACHTREE CITY GA 30269	Title Name Address City-State-Zip:	CFO RESPESS, JAMES L 100 KEDRON DR PEACHTREE CITY GA 30269	03/18/2020

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: TERESA THOMSON

City-State-Zip: PEACHTREE CITY GA 30269

Electronic Signature of Signing Officer/Director Detail

TREASURER

City-State-Zip: PEACHTREE CITY GA 30269

03/18/2020

## FILED Mar 18, 2020 Secretary of State 8436659421CC

Current Principal Place of Business: 100 KEDRON DR PEACHTREE CITY, GA 30269

**DOCUMENT# 667345** 

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: FLORIDA LUMBER INSPECTION SERVICE, INC.