### 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.

PRESIDENT

#### SIGNATURE: PATRICIA O. BUCK

#### DOCUMENT# H38046

Entity Name: ORSI DEVELOPMENT, INC.

# **Current Principal Place of Business:**

3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655

### **Current Mailing Address:**

3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655 US

### FEI Number: 59-1313656

# Name and Address of Current Registered Agent:

BUCK, PATRICIA O 3600 GALILEO DRIVE SUITE 104 TRINITY, FL 34655 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	PST	Title	V
Name	BUCK, PATRICIA O	Name	ORSI, PAULA
Address	3600 GALILEO DRIVE SUITE 104	Address	3600 GALILEO DRIVE SUITE 104
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655
Title	VP		
Name	ORSI, JENNIFER		
Address	3600 GALILEO DRIVE SUITE 104		
City-State-Zip:	TRINITY FL 34655		

Certificate of Status Desired: No

01/29/2019 Date

Date

## FILED Jan 29, 2019 Secretary of State 2632606011CC

Electronic Signature of Signing Officer/Director Detail