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: SHARON B. LUIPPOLD

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

Entity Name: VOLUME ONE BOOKS, INC.

Current Principal Place of Business:

8910 TAFT ST PEMBROKE PINES, FL 33024 US

FEI Number: 59-2696693

PEMBROKE PINES, FL 33024

DOCUMENT# J13123

8910 TAFT ST

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LUIPPOLD, KENNETH E 2760 SW 86TH WAY DAVIE, FL 33328 US

Certificate of Status Desired: No

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:

Officer/Director Detail :			
Title	S	Title	Р
Name	LUIPPOLD, KENNETH E	Name	LUIPPOLD, SHARON B
Address	8910 TAFT STREET	Address	8910 TAFT STREET
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

PRESIDENT

FILED Apr 17, 2016 Secretary of State CC7607564248

Date

Date

04/17/2016