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: RICHARD LIPSEY

Electronic Signature of Signing Officer/Director Detail

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	PST	Title	VP
Name	LIPSEY, RICHARD	Name	BRYANT, CECILIA
Address	4339 ORTEGA FOREST DR	Address	4339 ORTEGA FOREST DR.
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 US

FEI Number: 59-2691698

Current Mailing Address:

DOCUMENT# J20418

4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: LIPSEY AND ASSOCIATES, INC.

Current Principal Place of Business:

CECILIA BRYANT, P.A. 4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 US

FILED Jan 20, 2014 Secretary of State CC5148040731

Date

Certificate of Status Desired: No

PRESIDENT, DIRECTOR

01/20/2014 Date