NG, FL 33	1870 US			
ove named e	entity submits this statement for the purpose of changing its regist	tered office or regist	tered agent, or both, in the State of Flo	orida.
ATURE:	BRANDON S. CRAIG			03/09/2
	Electronic Signature of Registered Agent			Date
er/Direct	or Detail :			
	DPST	Title	DVP	
	CRAIG, BRANDON S	Name	ABLES, CLIFFORD M III	
		A . I . I		

DOCUMENT# J49481

Entity Name: ABLES & CRAIG, P.A.

#### **Current Principal Place of Business:**

551 SOUTH COMMERCE AVE SEBRING, FL 33870

#### **Current Mailing Address:**

551 SOUTH COMMERCE AVE SEBRING, FL 33870 US

## FEI Number: 59-2756703

## Name and Address of Current Registered Agent:

CRAIG, BRANDON S. 551 SOUTH COMMERCE AVE SEBRING

The abou

SIGNATURE		03/09/2020				
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DPST	Title	DVP			
Name	CRAIG, BRANDON S	Name	ABLES, CLIFFORD M III			
Address	551 SOUTH COMMERCE AVE	Address	551 SOUTH COMMERCE AVE			
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	SEBRING FL 33870			

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: BRANDON S. CRAIG

PRESIDENT

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Mar 09, 2020 Secretary of State 8403777198CC

Certificate of Status Desired: No