FEI Number: 59-2888854			Certificate of Status Desir	ed: No		
Name and Address of Current Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: /S/ MADONNA CUDDIHY, ASSISTANT SECRETARY						
OIGINATORI	/3/ MADONNA CODDITT, ASSISTANT SE	GREIARI		04/05/2021		
ORIVATOR	Electronic Signature of Registered Agent	CRETART		04/05/2021 Date		
Officer/Dire	Electronic Signature of Registered Agent	CRETART				
	Electronic Signature of Registered Agent	Title	VP			
Officer/Dire	Electronic Signature of Registered Agent		VP EXLINE, RICHARD A			

569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205

Entity Name: GILCHRIST WADE, INC.

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# K13540

569 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205 US

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2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent					
Officer/Director Detail :					
Title	PD	Title	VP		
Name	MCARTHUR, WILLIAM A JR.	Name	EXLINE, RICHARD A		
Address	569 EDGEWOOD AVENUE SOUTH	Address	569 EDGEWOOD AVENUE SOUTH		
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205		

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: /S/ WILLIAM A. MCARTHUR, JR.

PRESIDENT

04/05/2021

Date

Electronic Signature of Signing Officer/Director Detail