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.

DIRECTOR

SIGNATURE: LAWRENCE FULLER

Electronic Signature of Signing Officer/Director Detail

<u>2018</u> FL	ORIDA PROFIT CO	RPORATION RI	EINSTATEMENT
-			

DOCUMENT# L77451

Entity Name: FULLER, FULLER & ASSOCIATES, P.A.

Current Principal Place of Business:

12000 BISCAYNE BOULEVARD 502 NORTH MIAMI, FL 33181

Current Mailing Address:

12000 BISCAYNE BOULEVARD 502 NORTH MIAMI, FL 33181 US

FEI Number: 65-0180425

Name and Address of Current Registered Agent:

FULLER, LAWRENCE A. 12000 BISCAYNE BOULEVARD 502 NORTH MIAMI, FL 33181 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	LAWRENCE FULLER		10/26/2018	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	D	Title	D	
Name	FULLER, LAWRENCE A	Name	FULLER, JOHN P	
Address	12000 BISCAYNE BOULEVARD, SUITE 502	Address	12000 BISCAYNE BOULEVARD, SUITE 502	
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181	

Certificate of Status Desired: No

FILED Oct 26, 2018 Secretary of State CR0462871758

> 10/26/2018 Date