above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT SUTTON

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M88776

Entity Name: SUTTON AND ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

1361 ROYAL PALM SQ BLVD SUITE 5 FT MYERS, FL 33919

Current Mailing Address:

POST OFFICE BOX 62049 FT MYERS, FL 33906 US

FEI Number: 65-0057331

Name and Address of Current Registered Agent:

SUTTON, SCOTT DP 1361 ROYAL PALM SQ BLVD SUITE 5 FT MYERS, FL 33919 US

VPD

SUTTON, LARRY DVP

FORT MYERS FL 33919

1361 ROYAL PALM SQ BLVD - #5

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:

Title

Title

Name

Address

City-State-Zip:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** PTD Title SD SUTTON, SCOTT DP SUTTON, EILEEN FSEC Name Name 1361 ROYAL PALM SQ BLVD - #5 1361 ROYAL PALM SQ BLVD - #5 Address Address City-State-Zip: FORT MYERS FL 33919 City-State-Zip: FORT MYERS FL 33919

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

FILED Mar 11, 2016 Secretary of State CC5839475326

PRESIDENT