## 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 03/13/2017

Electronic Signature of Signing Officer/Director Detail

5314 S. FLORIDA AVENUE LAKELAND. FL 33813

**Current Principal Place of Business:** 

### **Current Mailing Address:**

5314 S. FLORIDA AVENUE LAKELAND. FL 33813

### FEI Number: 59-3691525

#### Name and Address of Current Registered Agent:

WAKELY/MALONE, JANICE A 5314 SOUTH FLORIDA AVE LAKELAND, FL 33813 US

**Officer/Director Detail :** 

City-State-Zip: LAKELAND FL 33813

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.

Title

Name

Address

City-State-Zip:

#### SIGNATURE:

#### PTSD Title WAKELY/MALONE, JANICE A Name 5314 S. FLORIDA AVE Address City-State-Zip: LAKELAND FL 33813 Title S Name BAILEY, BRUNSHTEIN Address 5314 S. FLORIDA AVENUE

Electronic Signature of Registered Agent

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

SIGNATURE: JANICE WAKELY/MALONE

VP

MALONE, IVAN

5314 S FLA AVE

LAKELAND FL 33813

Certificate of Status Desired: No

FILED Mar 13, 2017 Secretary of State CC1574794010

Date

PRESIDENT

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: DESIGN FURNITURE CONSIGNMENT AND MOVING INC.

# DOCUMENT# P00000112140