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.

PRESIDENT

SIGNATURE: KARAM A TOMA

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	TOMA, KARAM A	Name	YOUSIF, SHAHLA
Address	7780 ROYALCREST DRIVE	Address	7780 ROYALCREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256
Title	Т	Title	S
Name	TOMA, KARAM A	Name	YOUSIF, SHALA Y
Address	7780 ROYALCREST DRIVE	Address	7780 ROYALCREST DRIVE
Citv-State-Zip:	JACKSONVILLE FL 32256	Citv-State-Zip:	JACKSONVILLE FL 32256

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.

Name and Address of Current Registered Agent:

MILLSAPS, WALTER SESQ 2602 ISABELLA BOULEVARD, SUITE 50 JACKSONVILLE, FL 32250 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4100 BELFORT RD. STE 5 JACKSONVILLE, FL 32216

Current Mailing Address:

4100 BELFORT RD. STE 5 JACKSONVILLE, FL 32216

FEI Number: 01-0572728

SIGNATURE:

Certificate of Status Desired: Yes

Date

02/07/2019 Date