# 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: ROBERT L POYNER JR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P0200002621

Entity Name: POYNER CONSULTING GROUP, INC.

#### **Current Principal Place of Business:**

15789 CYPRESS CHASE LANE WELLINGTON, FL 33414-6355

### **Current Mailing Address:**

15789 CYPRESS CHASE LANE WELLINGTON. FL 33414-6355

## FEI Number: 04-3587258

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

POYNER, ROBERT 15789 CYPRESS CHASE LANE WELLINGTON, FL 33414-6355 US

**Officer/Director Detail :** 

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	Р	Title	V
Name	POYNER, ROBERT L	Name	POYNER, KELLY E
Address	15789 CYPRESS CHASE LANE	Address	15789 CYPRESS CHASE LANE
City-State-Zip:	WELLINGTON FL 33414-6355	City-State-Zip:	WELLINGTON FL 33414-6355

PRESIDENT

03/26/2020

FILED Mar 26, 2020 Secretary of State 1283489423CC

Date

Certificate of Status Desired: No

Date