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: JAMES E STRICKLAND

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

City-State-Zip: CLEARWATER FL 33688

STRICKLAND, JAMES E 1637 CLEVELAND STREET CLEARWATER, FL 33755 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:

Officer/Director Detail :			
Title	P	Title	V
Name	STRICKLAND, JAMES E	Name	CRUICKSHANK, ELIZABET
Address	POST OFFICE BOX 271770	Address	POST OFFICE BOX 27177

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025930

Entity Name: THE STRICKLAND-FLETCHER GROUP, INC.

Current Principal Place of Business:

1637 CLEVELAND STREET CLEARWATER, FL 33755

Current Mailing Address:

POST OFFICE BOX 271770 TAMPA FL 33368 US

FEI Number: 30-0050998

Electronic Signature of Registered Agent

Certificate of Status Desired: Yes

ΤН 70 City-State-Zip: TAMPA FL 33688

PRESIDENT

04/15/2019 Date

FILED Apr 15, 2019 Secretary of State 7436364659CC

Date