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: LISA LAPKOVITCH

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P03000115008

Entity Name: MERCHANDISING PLUS, INC.

Current Principal Place of Business:

9033 KINGS COLONY ROAD JACKSONVILLE, FL 32257

Current Mailing Address:

2220 CR 210 W. SUITE 108, BOX 306 ST. JOHNS, FL 32259

FEI Number: 20-0277103

Name and Address of Current Registered Agent:

LAPKOVITCH, LISA 729 E. AMERICAN EAGLE DRIVE SAINT AUGUSTINE, FL 32092 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	MGMR
Name	WILLIAMS, RITA T	Name	LAPKOVITCH, LISA
Address	9033 KINGS COLONY RD	Address	729 E. AMERICAN EAGLE DRIVE
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	ST. AUGUSTINE FL 32092

Certificate of Status Desired: No

FILED Mar 12, 2018 Secretary of State CC7009706066

OPERATIONS MANAGER

Date

03/12/2018 Date