#### 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. 03/16/2017 SIGNATURE: MARCIA CIOLA SCRETARY/ TREASURER

DOCUMENT# P03000123365

Entity Name: SECOND VOWS, INC.

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

13212 LAKE BUTLER BLVD. WINTER GARDEN. FL 34787

## **Current Mailing Address:**

13212 LAKE BUTLER BLVD. WINTER GARDEN, FL 34787

## FEI Number: 20-0340095

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CIOLA, THOMAS REV. 13212 LAKE BUTLER BLVD. WINTER GARDEN, FL 34787 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 Ρ Title т Name CIOLA, THOMAS REV. Name CIOLA, MARCIA J Address 13212 LAKE BUTLER BLVD. Address City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

FILED Mar 16, 2017 Secretary of State CC1181794739

Date

Certificate of Status Desired: No

13212 LAKE BUTLER BLVD WINTER GARDEN FL 34787

Date