1045 CROSSPOIN NAPLES, FL 341	ITE DR SUITE 1
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in t
SIGNATURE:	
	Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	D	Title	D
Name	RALEY, JAMES MJR	Name	RALEY, JOANNE C
Address	1045 CROSSPOINTE DR SUITE 1	Address	1045 CROSSPOINTE DR SUITE 1
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

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.

VP

SIGNATURE: JOANNE C RALEY

Electronic Signature of Signing Officer/Director Detail

Entity Name: PENSION PLANNERS, INC.

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

1045 CROSSPOINTE DR SUITE 1 NAPLES. FL 34110

### **Current Mailing Address:**

1045 CROSSPOINTE DR SUITE 1 NAPLES, FL 34110 US

# FEI Number: 20-2053740

# Name and Address of Current Registered Agent:

RALEY, JAMES MJR 1045 CROS NAPLES, F

Certificate of Status Desired: No

the State of Florida.

Date

01/26/2021

Date