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: KIMBERLY FRANKLIN

SIGNATURE:

Title	PD	Title	VPD
Name	FASTIGGI, ANN MARIE	Name	FRANKLIN, KIM
Address	121 SW THRASHER WAY	Address	9034 SW CAPRICE CIRCLE
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

Electronic Signature of Registered Agent 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.

Current Mailing Address:

9034 SW CAPRICE CIRCLE STUART. FL 34997

DOCUMENT# P05000019637

9034 SW CAPRICE CIRCLE STUART, FL 34997

Current Principal Place of Business:

FEI Number: 20-2340977

Name and Address of Current Registered Agent:

Entity Name: KIM FRANKLIN & ANN MARIE FASTIGGI, INC

FASTIGGI, ANN MARIE 121 SW THRASHER WAY STUART, FL 34997 US

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

08/21/2014

FILED Aug 21, 2014 Secretary of State CC2485436416

Date

Electronic Signature of Signing Officer/Director Detail

VP