#### 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: RYAN HAMMERS

Electronic Signature of Signing Officer/Director Detail

# VP

# 02/12/2018

Date

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084339

Entity Name: IMPACT ENCLOSURES, INC.

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

11653 CENTRAL PARKWAY 219 JACKSONVILLE, FL 32224

#### **Current Mailing Address:**

11653 CENTRAL PARKWAY 219 JACKSONVILLE, FL 32224 US

### FEI Number: 20-5088238

### Name and Address of Current Registered Agent:

HAMMERS, RYAN 139 SOLANO CAY CIRCLE PONTE VEDRA BEACH, FL 32082 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 Date

Officer/Director Detail :
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Title	Ρ	Title	VP
Name	MCCULLERS, JUSTIN	Name	HAMMERS, RYAN
Address	911 17TH STREET NORTH	Address	139 SOLANO CAY CIRCLE
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	PONTE VEDRA BEACH FL 32082

## FILED Feb 12, 2018 Secretary of State CC4377656830

Certificate of Status Desired: No