

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013544

Entity Name: SPECIAL ACQUISITIONS III, INC.**Current Principal Place of Business:**6435 NAPLES BLVD
NAPLES, FL 34109**Current Mailing Address:**6435 NAPLES BLVD
NAPLES, FL 34109**FEI Number:** 30-0533204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 :**

Title DP
Name BARRIER, JOEL
Address 333 FAYETTEVILLE ST.
300
City-State-Zip: RALEIGH NC 27601

Title SECRETARY
Name LICHTENBERGER, VINCENT M
Address 4725 PIEDMONT ROW DRIVE, STE.
110
City-State-Zip: CHARLOTTE NC 28210

Title TRUSTEE
Name PARRELA, FRANK
Address 6435 NAPLES BLVD
City-State-Zip: NAPLES FL 34109

Title DVT
Name RINALDI, MICHAEL
Address 6435 NAPLES BLVD
City-State-Zip: NAPLES FL 34109

Title ASSISTANT SECRETARY
Name DELLINGER, KIM R
Address 4725 PIEDMONT ROW DRIVE, STE.
110
City-State-Zip: CHARLOTTE NC 28210

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: KIM R. DELLINGER**ASST. SEC.****04/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date