Current Pr 280 SPRINGF ORANGE PAF				
Current Ma	illing Address:			
P O BOX 1 HILLIARD,				
FEI Number: 45-3693441			Certificate of Status Desired: No	
Name and	Address of Current Registered Agent:			
PERKINS, BR 280 SPRINGF				
ORANGE PA	,			
	ed entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of	Florida.
The above name		its registered office or regis	tered agent, or both, in the State of	
The above name	ed entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of	
The above nam SIGNATUR	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS	its registered office or regis	tered agent, or both, in the State of	06/15/2019
The above nam SIGNATUR	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of	06/15/2019
The above name SIGNATUR Officer/Dire	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail :			06/15/2019
The above name SIGNATUR Officer/Dire Title	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail : P	Title	VP	06/15/2019
The above name SIGNATUR Officer/Dire Title Name	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail : P PERKINS, BRENNAN R. P O BOX 1507	Title Name	VP ADDAIR, ROBERT LEE 54156 JEANNIE RD	06/15/2019
The above name SIGNATUR Officer/Dire Title Name Address	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail : P PERKINS, BRENNAN R. P O BOX 1507	Title Name Address	VP ADDAIR, ROBERT LEE 54156 JEANNIE RD	06/15/2019
The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail : P PERKINS, BRENNAN R. P O BOX 1507 HILLIARD FL 32046	Title Name Address	VP ADDAIR, ROBERT LEE 54156 JEANNIE RD	06/15/2019
The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip Title	ed entity submits this statement for the purpose of changing E: BRENNAN R PERKINS Electronic Signature of Registered Agent ector Detail : P PERKINS, BRENNAN R. P O BOX 1507 HILLIARD FL 32046 SECRETARY	Title Name Address	VP ADDAIR, ROBERT LEE 54156 JEANNIE RD	06/15/2019

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: SHARON R. PERKINS

SECRETARY

06/15/2019

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P11000092745

Entity Name: PERKINS INDUSTRIES INC. OF NORTH FLORIDA

## Current Principal Place of Business:

FILED Jun 15, 2019 Secretary of State 2808382219CC

Date