Current Prin 280 SPRINGFI ORANGE PAR			00004	
Current Ma	iling Address:			
P O BOX 15 HILLIARD,				
FEI Number: 45-3693441		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
PERKINS, SHA 280 SPRINGFI ORANGE PAR				
The above name	d entity submits this statement for the purpose of changing its r	registered office or regis	tered agent, or both, in the State of F	Florida.
	d entity submits this statement for the purpose of changing its r E: SHARON PERKINS	registered office or regis	tered agent, or both, in the State of F	Florida. 03/18/2020
		registered office or regis	tered agent, or both, in the State of F	
SIGNATURI	E: SHARON PERKINS	registered office or regis	tered agent, or both, in the State of F	03/18/2020
SIGNATURI	E: SHARON PERKINS Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of F	03/18/2020
SIGNATURI Officer/Dire	E: SHARON PERKINS Electronic Signature of Registered Agent ctor Detail :			03/18/2020
SIGNATURI Officer/Dire	E: SHARON PERKINS Electronic Signature of Registered Agent ctor Detail :	Title	VP	03/18/2020
SIGNATURI Officer/Dire Title Name	E: SHARON PERKINS Electronic Signature of Registered Agent Ctor Detail : P PERKINS, SHARON R. P O BOX 998	Title Name	VP PERKINS, SHANDA 1006 GRAHAM WAY	03/18/2020
SIGNATURI Officer/Dire Title Name Address	E: SHARON PERKINS Electronic Signature of Registered Agent Ctor Detail : P PERKINS, SHARON R. P O BOX 998	Title Name Address	VP PERKINS, SHANDA 1006 GRAHAM WAY	03/18/2020
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P PERKINS, SHARON R. P O BOX 998 HILLIARD FL 32046	Title Name Address	VP PERKINS, SHANDA 1006 GRAHAM WAY	03/18/2020
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : P PERKINS, SHARON R. P O BOX 998 HILLIARD FL 32046 SECRETARY	Title Name Address	VP PERKINS, SHANDA 1006 GRAHAM WAY	03/18/2020

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

PRESIDENT

03/18/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P11000092745

Entity Name: PERKINS INDUSTRIES INC. OF NORTH FLORIDA

FILED Mar 18, 2020 **Secretary of State** 0569485523CC

Date