## 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.

PRESIDENT

#### SIGNATURE: LEWIS SOWELL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P11000107642

Entity Name: SOWELL INTERIORS, INC

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

1520 WAGNER CIRCLE LAKE CLARK SHORES. FL 33406

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

**1520 WAGNER CIRCLE** LAKE CLARK SHORES. FL 33406 US

### FEI Number: 45-4157816

# Name and Address of Current Registered Agent:

SOWELL, LEWIS MJR 1520 WAGNER CIRCLE LAKE CLARK SHORES, FL 33406 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

#### **Officer/Director Detail :**

Title	Р	Title	VP
Name	SOWELL, LEWIS MJR	Name	KICKLIGHTER , JESSIE A
Address	1520 WAGNER CIRCLE	Address	1520 WAGNER CIRCLE
City-State-Zip:	LAKE CLARK SHORES FL 33406	City-State-Zip:	LAKE CLARK SHORES FL 33406

Certificate of Status Desired: No

01/13/2015

Date

## FILED Jan 13, 2015 Secretary of State CC1454643604

Date