I hereby certify that the information indicated on this report or supplemental report is true and accu	rate 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 exe	cute this report as required by Chapter 607, Florida Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: CHAD SCHII SKY	PRESIDENT	04/20/2014

PRESIDENT

SIGNATURE: CHAD SCHILSKY

Electronic Signature of Signing Officer/Director Detail

NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

203 S. ATLANTIC AVENUE

DOCUMENT# P12000023107

Entity Name: BARRACUDA NSB, INC.

Current Principal Place of Business:

16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US

FEI Number: 45-4758631

Name and Address of Current Registered Agent:

SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 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	Ρ	Title	VP
Name	SCHILSKY, CHAD	Name	VALENCIA, TAMARA
Address	203 S. ATLANTIC AVENUE	Address	203 S. ATLANTIC AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2014 Secretary of State CC8764591484

Certificate of Status Desired: No

Date

Date