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 oath

DIRECTOR

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above, or on an attachment with all other like empowered.	

#### SIGNATURE: LYNN BERNSTEIN

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

992 TAMIAMI TRAIL F PORT CHARLOTTE, FL 33953

### **Current Mailing Address:**

992 TAMIAMI TRAIL F PORT CHARLOTTE, FL 33953 US

#### FEI Number: 46-2259751

## Name and Address of Current Registered Agent:

GREENE, JOAN 100 SULLIVAN STREET STE 112 PUNTA GORDA, FL 33950 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.

# Electronic Signature of Registered Agent **Officer/Director Detail :**

SIGNATURE: JOAN GREENE

Title	D			
Name	BERNSTEIN, LYNN			
Address	24449 LAKEVIEW PLACE			
City-State-Zip:	PORT CHARLOTTE FL 33980			

## Certificate of Status Desired: No

02/26/2017 Date

#### FILED Feb 26, 2017 Secretary of State CC7593818142

02/26/2017 Date