# 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.

PDS

#### SIGNATURE: RODRIGUEZ ANDRES

Electronic Signature of Signing Officer/Director Detail

2655 LEJEUNE ROAD 405 CORAL GABLES, FL 33134

**Current Principal Place of Business:** 

## **Current Mailing Address:**

DOCUMENT# P13000080502

P.O. BOX 558703 MIAMI, FL 33255 US

### FEI Number: 46-3780282

#### Name and Address of Current Registered Agent:

RODRIGUEZ, ANDRES 2655 LEJEUNE ROAD 405 CORAL GABLES, FL 33134 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: RODRIGUEZ, ANDRES

Electronic Signature of Registered Agent

## Officer/Director Detail :

TitlePDSNameRODRIGUEZ, AAddress939 N.W. 81ST STREETCity-State-Zip:MIAMI FL 33150

Entity Name: FIDELITY COMMUNITY TRUST MNGT CO

## FILED Apr 27, 2015 Secretary of State CC3981598856

Certificate of Status Desired: Yes

04/27/2015 Date

04/27/2015 Date