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: NAJAH N. ADAMS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P14000008720

Entity Name: ADAMS & GRIGGS, P.A.

Current Principal Place of Business:

1330 NW 6TH STREET SUITE D GAINESVILLE, FL 32601

Current Mailing Address:

POST OFFICE BOX 5988 GAINESVILLE, FL 32627 US

FEI Number: 46-4677147

Name and Address of Current Registered Agent:

ADAMS, NAJAH N 4634 NE 16TH TERRACE GAINESVILLE, FL 32609 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 | Р |
|-----------------|----------------------|-----------------|----------------------|
| Name | ADAMS, NAJAH N | Name | GRIGGS, SUMMER L |
| Address | PO BOX 5988 | Address | PO BOX 5988 |
| City-State-Zip: | GAINESVILLE FL 32627 | City-State-Zip: | GAINESVILLE FL 32627 |

FILED Mar 12, 2015 Secretary of State CC2902719587

Date

Certificate of Status Desired: Yes

03/12/2015

Date