| Name and Address of Current Registered Agent: | | | | |
|--|--|---------|-------------------|------------|
| GLAZER & GLAZER P.A. 8825 PERIMETER PARK BLVD STE 504 JACKSONVILLE, FL 32216 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: SCOTT L. GLAZIER | | | | 03/08/2019 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PD | Title | VSD | |
| Name | BURT, CHAD E | Name | MURACA, STEVEN A | |
| Address | 9125 PHILLIPS HWY | Address | 9125 PHILLIPS HWY | |

9125 PHILLIPS HWY JACKSONVILLE, FL 32256

DOCUMENT# P15000089415

Entity Name: HMB SOLUTIONS, INC.

Current Principal Place of Business:

Current Mailing Address:

9125 PHILLIPS HWY JACKSONVILLE, FL 32256 US

FEI Number: 47-5479571

Ν

City-State-Zip: JACKSONVILLE FL 32256

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.

SIGNATURE: CHAD BURT

PRESIDENT

City-State-Zip: JACKSONVILLE FL 32256

03/08/2019

Electronic Signature of Signing Officer/Director Detail

FILED Mar 08, 2019 Secretary of State 0786848537CC

Certificate of Status Desired: No

Date