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: PATRICIA MAVRAKIS

Electronic Signature of Signing Officer/Director Detail

FEI Number: 82-0655130 Name and Address of Current Registered Agent:

City-State-Zip: NEW PORT RICHEY FL 33756

Current Principal Place of Business:

MAVRAKIS, PATRICIA 1375 S. FT. HARRISON AVE CLEARWATER, FL 33756 US

1375 S. FT. HARRISON AVE CLEARWATER. FL 33756

Current Mailing Address:

CLEARWATER, FL 33757

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:

PO BOX 2256

Officer/Director Detail :			
Title	Р	Title	S
Name	MAVRAKIS, PATRICIA	Name	MAVRAKIS, PATRICIA
Address	2420 MOUNTAIN ASH WAY	Address	2420 MOUNTAIN ASH WAY

2017 FLORIDA PROFIT CORPORATION A	NNUAL REPORT
DOCUMENT# P16000068802	

Electronic Signature of Registered Agent

Entity Name: ANCLOTE HOLDINGS OF TARPON SPRINGS INC.

Certificate of Status Desired: No

City-State-Zip: NEW PORT RICHEY FL 33756

PRESIDENT

03/02/2017

Date

FILED Mar 02, 2017 Secretary of State CC8374158284

Date