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: I. BARRY BLAXBERG

PRESIDENT

DOCUMENT# P93000028169

Entity Name: ST. GAUDENS, INC.

## **Current Principal Place of Business:**

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

25 SE 2ND AVE. SUITE 730 MIAMI, FL 33131

#### **Current Mailing Address:**

25 SE 2ND AVE. SUITE 730 MIAMI, FL 33131

## FEI Number: 65-0404805

## Name and Address of Current Registered Agent:

BLAXBERG, I. BARRY 25 SE 2ND AVE. SUITE 730 MIAMI, FL 33131 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	: I. BARRY BLAXBERG			01/29/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	VP, DIRECTOR	
Name	BLAXBERG, I. BARRY	Name	BLAXBERG, MATTHEW	
Address	25 SE 2ND AVE., SUITE 730	Address	1701 53RD STREET S	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	GULFPORT FL 33707	

Certificate of Status Desired: No