above, or on an attachment with all other like empowered.

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

Electronic Signature of Registered Agent -----/**D** · - 4 - 11

Officer/Director Detail :			
Title	Р	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

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028169

Entity Name: ST. GAUDENS, INC.

Current Principal Place of Business:

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

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

Certificate of Status Desired: No

PRESIDENT

01/17/2018

FILED Jan 17, 2018 Secretary of State CC4590343385

Electronic Signature of Signing Officer/Director Detail

01/17/2018

Date