|  | ing Address:   |                                   |  |                      |  |
|--|--|-----------------------------------|--|----------------------|--|
|  | NS BLUFF RD STE 4<br>LLE, FL 32225 US  |                                   |  |                      |  |
| FEI Number:  | : 59-3372698   | Certificate of Status Desired: No |  |                      |  |
| Name and Address of Current Registered Agent:  |  |                                   |  |                      |  |
| PAULK, KENNETH WAYNE<br>720 ST JOHNS BLUFF RD<br>SUITE 4<br>JACKSONVILLE, FL 32225 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. |  |                                   |  |                      |  |
| The above named  | l entity submits this statement for the purpose of changing its regis  | tered office or regis             | tered agent, or both, in the State of Fl       | orida.               |  |
|  | l entity submits this statement for the purpose of changing its regis<br>: KENNETH PAULK   | tered office or regis             | tered agent, or both, in the State of Fl       | orida.<br>04/26/2019 |  |
|  |  | tered office or regis             | tered agent, or both, in the State of Fl       |                      |  |
|  | Electronic Signature of Registered Agent   | tered office or regis             | tered agent, or both, in the State of Fl       | 04/26/2019           |  |
| SIGNATURE  | Electronic Signature of Registered Agent   | tered office or regis             | tered agent, or both, in the State of Fl       | 04/26/2019           |  |
| SIGNATURE  | KENNETH PAULK Electronic Signature of Registered Agent Ctor Detail :   |                                   |  | 04/26/2019           |  |
| SIGNATURE<br>Officer/Direc   | KENNETH PAULK Electronic Signature of Registered Agent Ctor Detail : PTSD  | Title                             | S  | 04/26/2019           |  |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name  | Electronic Signature of Registered Agent<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PTSD<br>GREGG, JASON A<br>967 PONTE VEDRA BLVD. | Title<br>Name                     | S<br>GREGG, URSULA K.<br>967 PONTE VEDRA BLVD. | 04/26/2019           |  |

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: JASON A GREGG

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P96000024470

Entity Name: YANKEE BRAVO, INCORPORATED

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

967 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082

## Current Mailing Address

FILED Apr 26, 2019 Secretary of State 4672507827CC

Date