# 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: JAMES C. MCDANIEL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P96000065174

Entity Name: SEMINOLE SWAMP SEASONING, INC.

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

245 MYSTIC WARRIOR TRAIL QUINCY, FL 32352

## **Current Mailing Address:**

C/O JAMES MCDANIEL 245 MYSTIC WARRIOR TRAIL QUINCY, FL 32352

## FEI Number: 65-0692045

## Name and Address of Current Registered Agent:

MCDANIEL, JAMES C 245 MYSTIC WARRIOR TRAIL QUINCY, FL 32352 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	VP	Title	Р
Name	BILLIE, JAMES E	Name	MCDANIEL, JAMES C
Address	1800 FRANK HWY ROAD	Address	245 MYSTIC WARRIOR TRAIL
City-State-Zip:	OKEECHOBEE FL 34974	City-State-Zip:	QUINCY FL 32352

PRESIDENT

05/24/2016

Date

FILED May 24, 2016 Secretary of State CC8237475718

Date