	CHEL STREET ILLE, FL 32205 US			
FEI Number: 59-3403823		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
SUITE 3301	_T III 7 STREET, SUITE 930 E, FL 32202 US			
The above name	d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Fl	lorida.
SIGNATURE: C. HOLT SMITH 111				
SIGNATUR	E: C. HOLT SMITH 111			02/22/2016
SIGNATURI	E: C. HOLT SMITH 111 Electronic Signature of Registered Agent			
				02/22/2016
	Electronic Signature of Registered Agent	Title	VP	02/22/2016
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP LEFAVE, STEPHEN U	02/22/2016
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRES			02/22/2016
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRES LEFAVE, JILL G 3903 ST JOHNS AV	Name	LEFAVE, STEPHEN U 3903 ST JOHNS AV	02/22/2016
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRES LEFAVE, JILL G 3903 ST JOHNS AV	Name Address	LEFAVE, STEPHEN U 3903 ST JOHNS AV	02/22/2016

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Current Mailing Address:

DOCUMENT# P96000081164

2724 HERSCHEL STREET JACKSONVILLE, FL 32205

Entity Name: LEFAVE ASSOCIATES, INC.

Current Principal Place of Business:

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

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: JILL G. LEFAVE

PRESIDENT

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date