JACKSONVI	LLE, FL 32244 US			
FEI Number: 59-3426333			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
LUTGENS, LAU 5517 SEABOAR JACKSONVILLE				
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	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	lorida.
	entity submits this statement for the purpose of changing its regis : LAUREN H. LUTGENS	tered office or regis	tered agent, or both, in the State of Fl	orida. 04/27/2019
		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	04/27/2019
SIGNATURE	Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the State of Fl	04/27/2019
SIGNATURE	LAUREN H. LUTGENS Electronic Signature of Registered Agent ctor Detail :			04/27/2019
SIGNATURE Officer/Direc	ELAUREN H. LUTGENS Electronic Signature of Registered Agent Ctor Detail : VP	Title	P	04/27/2019

5517 SEABOARD AVE J

DOCUMENT# P9700002841

5517 SEABOARD AVE JACKSONVILLE, FL 32244

Entity Name: INLAND ENTERPRISES, INC.

Current Principal Place of Business:

F

Current Mailing Address:

N

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: LAUREN H. LUTGENS

04/27/2019

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date

FILED Apr 27, 2019 Secretary of State 3350850829CC

PRESIDENT