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: JOHN KATTMAN

Electronic Signature of Signing Officer/Director Detail

Entity Name: KATTMAN & PINAUD, P.A.

Current Principal Place of Business:

4069 ATLANTIC BLVD JACKSONVILLE, FL 32207-2036

Current Mailing Address:

4069 ATLANTIC BLVD JACKSONVILLE, FL 32207-2036 US

FEI Number: 59-3519089

Name and Address of Current Registered Agent:

KATTMAN, JOHN F 4069 ATLANTIC BLVD JACKSONVILLE, FL 32207 US

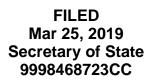
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGN

Title	PSTD	Title	VD
Name	KATTMAN, JOHN F	Name	PINAUD, DONALD EJR
Address	4069 ATLANTIC BLVD	Address	4069 ATLANTIC BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

SIGNATU	RE:					
	Electronic Signature of Registered Agent			-		
Officer/Director Detail :						
Title	PSTD	Title	VD			
Name	KATTMAN JOHN F	Name	PINAUD DONALD F.IR			

PRESIDENT



Certificate of Status Desired: No

Date

03/25/2019

Date