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.

PRES

SIGNATURE: GEORGE R. C. KINGSTON

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :						
Title	DP	Title	DV			
Name	KINGSTON, GEORGE R.C.	Name	WELLBORN, JAMES J.			
Address	POST OFFICE BOX 70	Address	P.O. BOX 70			
City-State-Zip:	DOUGLASVILLE GA 30133	City-State-Zip:	DOUGLASVILLE GA 30133			

WINTER PARK, FL 32789 US

SIGNATURE	: JAMES CAMPBELL	06/09/2020		
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DP	Title	DV	
Name	KINGSTON, GEORGE R.C.	Name	WELLBORN, JAMES J.	
Address	POST OFFICE BOX 70	Address	P.O. BOX 70	

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.

SUITE A DOUGLASVILLE, GA 30134

12301 VETERANS MEMORIAL HWY

Name and Address of Current Registered Agent:

Current Mailing Address:

DOUGLASVILLE, GA 30133

POST OFFICE BOX 70

BYRD CAMPBELL, PA 180 PARK AVENUE NORTH

SUITE 2A

FEI Number: 59-3575699

Current Principal Place of Business:

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P99000024860

Entity Name: AMALFI COAST DEVELOPMENT, INC.

FILED Jun 09, 2020 Secretary of State 5958648854CC

Certificate of Status Desired: No

06/09/2020 Date