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.

PTS

SIGNATURE: JACK LUCAS

Electronic Signature of Signing Officer/Director Detail

Entity Name: SEASONAL ENTERPRISES, INC. **Current Principal Place of Business:**

412 TALL PINES ROAD W PALM BEACH, FL 33413

DOCUMENT# S03803

Current Mailing Address:

412 TALL PINES ROAD W PALM BEACH. FL 33413 US

FEI Number: 65-0238493

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LUCAS, JACK 412 TALL PINES ROAD WEST PALM BEACH, FL 33413 US

Officer/Director Detail :

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:

Title	PTS	Title	V
Name	LUCAS, JACK	Name	LUCAS, JACK
Address	412 TALL PINES ROAD	Address	412 TALL PINES ROAD
City-State-Zip:	WEST PALM BEACH FL 33413	City-State-Zip:	WEST PALM BEACH FL 33413

Certificate of Status Desired: No

04/22/2019

FILED Apr 22, 2019 Secretary of State 2738989004CC

Date

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date