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.

PRESIDENT

#### SIGNATURE: PORTER, JOHN K.

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# S14310

Entity Name: PORTER WORLD TRADE, INC.

### **Current Principal Place of Business:**

405 ATLANTIS RD E115 CAPE CANAVERAL, FL 32920

### **Current Mailing Address:**

405 ATLANTIS RD E115 CAPE CANAVERAL, FL 32920

### FEI Number: 59-3038133

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PORTER, JOHN 405 ATLANTIS RD E-115 CAPE CANAVERAL, FL 32920 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. SIGNATURE:

## Officer/Director Detail :

Officer/Dire	ctor Detail :			
Title	Ρ	Title	Т	
Name	PORTER, JOHN K.	Name	PORTER, STEPHEN	
Address	215 HOLMAN RD	Address	7234 SPRINGSIDE DRIVE	
City-State-Zip:	CAPE CANAVERAL FL 32920	City-State-Zip:	FAIRVIEW PA 16415	
Title	S			
Name	PORTER, MICHELLE			
Address	215 HOLMAN RD			
City-State-Zip:	CAPE CANAVERAL FL 32920			

Certificate of Status Desired: No

FILED Jan 14, 2022 Secretary of State 5794901924CC

> 01/14/2022 Date

Date