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: JUDITH A CINOTTI

Electronic Signature of Signing Officer/Director Detail

CINOTTI, JUDITH A.

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:

Offic Title Name Addre City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16252

Entity Name: JUDITH A. CINOTTI INSURANCE AGENCY, INC.

Current Principal Place of Business:

3857 WEKIVA SPRINGS RD LONGWOOD. FL 32779-0362

Current Mailing Address:

3857 WEKIVA SPRINGS RD LONGWOOD, FL 32779-0362

FEI Number: 59-3040280

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

3857 WEKIVA SPRINGS RD LONGWOOD, FL 32779 US

| cer/Director Detail : | | | |
|-----------------------|------------------------|----------------|------------------------|
| | D | Title | т |
| e | CINOTTI, JUDITH A | Name | FARNELL, DAVID H |
| ess | 3857 WEKIVA SPRINGS RD | Address | 3857 WEKIVA SPRINGS RD |
| 0 | LONOWOOD FL | City State Zin | |

OFFICER

02/11/2019 Date

FILED Feb 11, 2019 Secretary of State 5754198183CC

Certificate of Status Desired: No

Date