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

SIGNATURE: JUDITH A CINOTTI

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title D Name CINOTTI, JUDITH A Address 3857 WEKIVA SPRINGS RD City-State-Zip: LONGWOOD FL

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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:

CINOTTI, JUDITH A. 3857 WEKIVA SPRINGS RD LONGWOOD, FL 32779 US

above, or on an attachment with all other like empowered. DIRECTOR

05/19/2020

Date

FILED May 19, 2020 Secretary of State 7545835952CC

Date