# 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.

Ρ

#### SIGNATURE: JOHN MORRISON

Electronic Signature of Signing Officer/Director Detail

FEI Number: 65-0312319

MORRISON, JOHN 3510 COCO LAKES DR COCONUT CREEK, FL 33073 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 :** Title Ρ Title VP MORRISON, JOHN MORRISON, JAMES Name Name COCO LAKES DR Address 712 NW 106 AVE Address City-State-Zip: COCONUT CREEK FL 33073 City-State-Zip:

3510 COCO LAKES DR

COCONUT CREEK, FL 33073

DOCUMENT# V09981

### **Current Mailing Address:**

3510 COCO LAKES DR COCONUT CREEK. FL 33073

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2023 FLORIDA	PROFIT CORPORAT	ION ANNUAL REPORT

Entity Name: AMERICAN SCHOOLS OF SELF DEFENSE, INC.

## FILED Apr 09, 2023 Secretary of State 9056062490CC

Certificate of Status Desired: No

CORAL SPRINGS FL 33071

04/09/2023

Date

Date