DOCUMENT# V27683

Entity Name: ZACHARY'S, INC.

Current Principal Place of Business:

8799 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920

Current Mailing Address:

8799 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920

FEI Number: 59-3117467

Name and Address of Current Registered Agent:

LIGERAKIS, ZACHARIAS 8799 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 US

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 | PD | Title | ST |
|-----------------|-------------------------|-----------------|-------------------------|
| Name | LIGERAKIS, ZACHARIAS | Name | LIGERAKIS, ADAMANTIA |
| Address | 531 SUNSET LAKES DRIVE | Address | 531 SUNSET LAKES DRIVE |
| City-State-Zip: | MERRITT ISLAND FL 32953 | City-State-Zip: | MERRITT ISLAND FL 32953 |
| | | | |
| Title | | | |
| ritte | SECRETARY | | |
| Name | LIGERAKIS, VICTORIA | | |
| | | | |

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: ZACHARIAS

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Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 08, 2016 Secretary of State CC3415705674