# 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGMR

# SIGNATURE: HUGH WILLIAMS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L07000109540

Entity Name: CHAPLIN WILLIAMS REFERRAL ASSOCIATES, L.L.C.

# **Current Principal Place of Business:**

5472 1ST COAST HIGHWAY SUITE ONE AMELIA ISLAND, FL 32034

### **Current Mailing Address:**

5472 1ST COAST HIGHWAY SUITE ONE AMELIA ISLAND, FL 32034 US

# **FEI Number: NOT APPLICABLE**

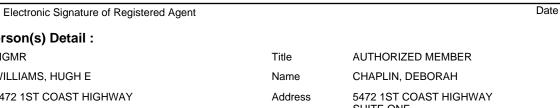
### Name and Address of Current Registered Agent:

WILLIAMS, HUGH E 5472 1ST COAST HIGHWAY SUITE ONE AMELIA ISLAND, FL 32034 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:

Authorized F	Person(s) Detail :
Title	MCMP

Title	MGMR	Title	AUTHORIZED MEMBER
Name	WILLIAMS, HUGH E	Name	CHAPLIN, DEBORAH
Address	5472 1ST COAST HIGHWAY	Address	5472 1ST COAST HIGHWAY
City-State-Zip:	SUITE ONE FL 32034		SUITE ONE
		City-State-Zip:	AMELIA ISLAND FL 32034



FILED Apr 10, 2017 Secretary of State CC9951766256

Certificate of Status Desired: No

Date

04/10/2017