Current Prin				
9 TIFFANY CIR				
ORMOND BEA	CH, FL 32174			
Current Mai	ling Address:			
P.O. BOX 40	045			
ORMOND B	EACH, FL 32175 US			
FEI Number: 90-0518761 Certificate of Stat			Certificate of Status Des	ired: Yes
Name and A	ddress of Current Registered Agent:			
SVENNINGSEN	I, DEBRA A			
9 TIFFANY CIR	ĆLE			
9 TIFFANY CIR				
9 TIFFANY CIR ORMOND BEAG	ĆLE	ng its registered office or regis	tered agent, or both, in the State of Flo	orida.
9 TIFFANY CIR ORMOND BEA( The above named	CLE CH, FL 32174 US	ng its registered office or regis	tered agent, or both, in the State of Flo	
9 TIFFANY CIR ORMOND BEA( The above named	CLE CH, FL 32174 US I entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the State of Flo	
9 TIFFANY CIR ORMOND BEAG The above named SIGNATURE	CLE CH, FL 32174 US d entity submits this statement for the purpose of changi E: DEBRA SVENNINGSEN	ng its registered office or regis	tered agent, or both, in the State of Flo	03/26/2019
9 TIFFANY CIR ORMOND BEAG The above named SIGNATURE	CLE CH, FL 32174 US I entity submits this statement for the purpose of changi E: DEBRA SVENNINGSEN Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Flo	03/26/2019
9 TIFFANY CIR ORMOND BEAG The above named SIGNATURE Authorized	CLE CH, FL 32174 US d entity submits this statement for the purpose of changi E: DEBRA SVENNINGSEN Electronic Signature of Registered Agent Person(s) Detail :			03/26/2019
9 TIFFANY CIR ORMOND BEAG The above named SIGNATURE Authorized	CLE CH, FL 32174 US d entity submits this statement for the purpose of changi E: <u>DEBRA SVENNINGSEN</u> Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	03/26/2019
9 TIFFANY CIR ORMOND BEAG The above named SIGNATURE Authorized I Title Name Address	CLE CH, FL 32174 US d entity submits this statement for the purpose of changi E: DEBRA SVENNINGSEN Electronic Signature of Registered Agent Person(s) Detail : MGR SVENNINGSEN, DEBRA A	Title Name	MGR SVENNINGSEN, NEIL J 9 TIFFANY CIRCLE	03/26/2019

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.

SIGNATURE: DEBRA SVENNINGSEN

MGR

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L13000080764

Entity Name: A ANCHOR SERVICES LLC

## **Current Principal Place of Business:**

FILED Mar 26, 2019 Secretary of State 4291897473CC

Date