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: JUSTIN THOMAS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

Entity Name: NORTH FLORIDA VAULT, LLC

Current Principal Place of Business:

NORRIS, GUY W 253 NW MAIN BLVD. LAKE CITY, FL 32055 US

561 NW HILTON AVENUE LAKE CITY, FL 32055

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:

2020 FLORIDA LIMITED LIABILITY COMPAN	Y ANNUAL REPORT

FILED Jan 15, 2020 Secretary of State 4841845873CC

Date

Certificate of Status Desired: No

City-State-Zip: LAKE CITY FL 32055

Date

MANAGER

01/15/2020

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CHARLES, CHRISTOPHER M	Name	THOMAS, JUSTIN L
Address	727 SW CYPRESS LAKE ROAD	Address	561 NW HILTON AVENUE
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	LAKE CITY FL 32055

561 NW HILTON AVENUE LAKE CITY. FL 32055

DOCUMENT# L15000069504

FEI Number: 47-3794402

Current Mailing Address: