| Entity Name: COACHCRAFTERS, INC.     |  |  |  |  |
|--------------------------------------|--|--|--|--|
| Current Principal Place of Business: |  |  |  |  |
| 27530 COUNTY ROAD 561                |  |  |  |  |

27530 COUNTY ROAD 561 TAVARES, FL 32778

## **Current Mailing Address:**

DOCUMENT# F0100000464

27530 COUNTY ROAD 561 TAVARES, FL 32778 US

## FEI Number: 41-1525216

## Name and Address of Current Registered Agent:

WOLF, ANNE R 11606 OSPREY POINTE BLVD. CLERMONT, FL 34711 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                 | E: ANNE R WOLF                           |                 | 03/22/2017                |  |
|---------------------------|--|-----------------|---------------------------|--|
|                           | Electronic Signature of Registered Agent |                 | Date                      |  |
| Officer/Director Detail : |  |                 |                           |  |
| Title                     | CEO                                      | Title           | CHIEF MAINTENANCE OFFICER |  |
| Name                      | WOLF, ANNE R                             | Name            | WOLF, WAYNE R             |  |
| Address                   | 27530 COUNTY ROAD 561                    | Address         | 27530 CR 561              |  |
| City-State-Zip:           | TAVARES FL 32778                         | City-State-Zip: | TAVARES FL 32778          |  |
| Title                     | VP OF ADMINISTRATION                     | Title           | VP OF SALES AND MARKETING |  |
| Name                      | GUERRA, JACKIE                           | Name            | MCQUINN, JOHNNA           |  |
| Address                   | 27530 CR 561                             | Address         | 27530 CR 561              |  |
| City-State-Zip:           | TAVARES FL 32778                         | City-State-Zip: | TAVARES FL 32778          |  |
| Title                     | VP                                       |                 |                           |  |
| Name                      | WOLF, JAKE                               |                 |                           |  |
| Address                   | 27530 CR 561                             |                 |                           |  |
| City-State-Zip:           | TAVARES FL 32778                         |                 |                           |  |

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.

CEO

03/22/2017

## FILED Mar 22, 2017 Secretary of State CC1920414780

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No