I nereby 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 it 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: ROBERT F. SILVA	VICE PRESIDENT	04/04/2016			

SIGNATURE: ROBERT F. SILVA

Electronic Signature of Signing Officer/Director Detail

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	: JANICE NULL			04/04/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PSD	Title	VPT		
Name	O'CONNOR, STEPHEN A	Name	SILVA, ROBERT		
Address	569 BAYSHORE DR	Address	38 HAROLD SWEET DRIVE		
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ATTLEBORO MA 02703		

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

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0900000402

569 BAYSHORE DRIVE ELLENTON, FL 34222

Current Mailing Address: 38 HAROLD SWEET DRIVE ATTLEBORO, MA 02703

FEI Number: 01-0544411

NULL, JANICE MS %INCORP SERVICES, INC. 17888 67TH CT. NORTH LOXAHATCHEE, FL 33470 US

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Apr 04, 2016 Secretary of State CC8934885070

FILED

Date