# above, or on an attachment with all other like empowered.

SIGNATURE: BOSSONE, ROBIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: BOSS ONE SUPPLY INC.

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

15365 NAVION DRIVE PORT SAINT LUCIE. FL 34987

### **Current Mailing Address:**

15365 NAVION DRIVE PORT SAINT LUCIE. FL 34987 US

## FEI Number: 85-1751370

## Name and Address of Current Registered Agent:

BOSSONE, ROBIN 15365 NAVION DRIVE PORT SAINT LUCIE, FL 34987 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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	VP
Name	BOSSONE, ROBIN	Name	BOSSONE, BRIAN
Address	15365 NAVION DRIVE	Address	15365 NAVION DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34987	City-State-Zip:	PORT SAINT LUCIE FL 34987

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

PRESIDENT

01/11/2021 Date

FILED Jan 11, 2021 Secretary of State 5381266498CC

Certificate of Status Desired: No

Date