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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

### SIGNATURE: MARK A, VARCA

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N03000010269

Entity Name: FEDERAL CURE, INCORPORATED

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

7580 NW 5TH ST 15667 PLANTATION, FL 33318

#### **Current Mailing Address:**

P.O. BOX 15667 PLANTATION, FL 33318 US

## FEI Number: 20-0427864

### Name and Address of Current Registered Agent:

JAY, JANA VESQ. 2681 AIRPORT ROAD SOUTH SUITE C-105 NAPLES, FL 34112 US

FILED May 22, 2020 Secretary of State 1458941815CR

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	: JANA V. JAY, ESQ.			05/22/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	D	Title	D	
Name	VARCA, MARK AD	Name	VARCA, MARK A. II	
Address	P.O. BOX 15667	Address	P.O. BOX 15667	
City-State-Zip:	PLANTATION FL 33318-5667	City-State-Zip:	PLANTATION FL 33318-5667	
Title	D			
Name	JAY, JANA VD			
Address	2681 AIRPORT ROAD SOUTH, SUITE C-105			
City-State-Zip:	NAPLES FL 34122			

DIRICTOR

05/22/2020

Date