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.

PRESIDENT

SIGNATURE: ROBERT B DEES

Electronic Signature of Signing Officer/Director Detail

LIVE OAK. FL 32060-4823 **Current Mailing Address:**

Entity Name: ROBERT B. DEES, INC.

Current Principal Place of Business:

817 COLISEUM AVE SW LIVE OAK. FL 32064 US

116 NE PALM STREET

FEI Number: 59-1578324

Name and Address of Current Registered Agent:

DEES, ROBERT B 817 COLISEUM AVE SW LIVE OAK, FL 32064 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	Р	Title	V
Name	DEES, ROBERT B.	Name	DEES, JUDY S.
Address	PO BOX 117	Address	PO BOX 117
City-State-Zip:	LIVE OAK FL 32064	City-State-Zip:	LIVE OAK FL 32064

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 472336

FILED Mar 08, 2018 Secretary of State CC8319745756

Certificate of Status Desired: No

Date

03/08/2018 Date