# 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

VP

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

SIGNATURE: EDWARD JACKSON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

#### Officer/Director Detail :

SIGNATURE:

Title	PRESIDENT, SECRETARY, TREASURER	Title	VP
		Name	JACKSON, EDWARD
Name	JACKSON, SUZANNE	Address City-State-Zip:	255 N LIBERTY ST JACKSONVILLE FL 32202
Address	255 N LIBERTY ST		
City-State-Zip:	JACKSONVILLE FL 32202		

## Current Principal Place of Business:

Entity Name: THE JACKSON FAMILY, INC.

255 N LIBERTY ST JACKSONVILLE, FL 32202

**DOCUMENT# 596762** 

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

255 N LIBERTY ST JACKSONVILLE, FL 32202

#### FEI Number: 59-1876013

### Name and Address of Current Registered Agent:

JACKSON, EDWARD P. 255 N LIBERTY ST JACKSONVILLE, FL 32202 US

#### FILED Apr 26, 2022 Secretary of State 2146271118CC

Certificate of Status Desired: No

04/26/2022 Date

Date