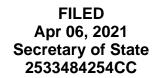
	A BEACH, FL 32082			
Current Mai	ling Address:			
PO BOX 551 JACKSONVI	1467 ILLE, FL 32255-1467			
FEI Number: 59-2209268			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
THE LILES FIR 301 WEST BAY SUITE 1030 JACKSONVILLI				
The above named	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	a.
SIGNATURE	E: /HELEN S. ATTER/		C	4/06/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DST	Title	DP	
Name	BOBECK, CLIFFORD J	Name	BOBECK, CANDICE E	
Address	3101 S. PONTE VEDRA BOULEVARD	Address	3101 S. PONTE VEDRA BOULEVA	RD
City-State-Zip:		City Otata Zin		
	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082	2
Title	D	City-State-Zip:	PONTE VEDRA BEACH FL 3208:	2
Title Name		City-State-Zip:	PONTE VEDRA BEACH FL 3208	2
	D	City-State-Zip:	PONTE VEDRA BEACH FL 3208:	2
Name	D BOBECK, EILEEN B 4100 SHORE CREST DRIVE	City-State-Zip:	PONTE VEDRA BEACH FL 3208:	2
Name Address	D BOBECK, EILEEN B 4100 SHORE CREST DRIVE	City-State-2ip:	PONTE VEDRA BEACH FL 3208:	2

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.

Electronic Signature of Signing Officer/Director Detail

DST



## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686853

Entity Name: FSCB, INC.

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

3101 S. PONTE VEDRA BLVD.

Date