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.

SIGNATURE: W. ROBINSON FRAZIER

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :				
Title	PTSD	Title	VP	
Name	FRAZIER, W. ROBINSON	Name	KING, CHRISTINE M	
Address	1515 RIVERSIDE AVENUE, SUITE A	Address	1515 RIVERSIDE AVE, SUITE A	
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32204	

## 2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

# DOCUMENT# F20426

Entity Name: FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.

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

1515 RIVERSIDE AVE, SUITE A JACKSONVILLE, FL 32204

## **Current Mailing Address:**

1515 RIVERSIDE AVE, SUITE A JACKSONVILLE, FL 32204

# FEI Number: 59-2056064

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE, SUITE A JACKSONVILLE, FL 32204 US

fficer/Director Detail :					
le	PTSD	Title	VP		
ame	FRAZIER, W. ROBINSON	Name	KING, CHRISTINE M		
dress	1515 RIVERSIDE AVENUE, SUITE A	Address	1515 RIVERSIDE AVE, SUITE A		
tv-State-Zin	ACKSONIVILLE EL 32204	City-State-Zip	JACKSONVILLE EL 32204		

Certificate of Status Desired: No

Date

FILED Aug 05, 2015 Secretary of State CC3901198681

Date

PRESIDENT

08/05/2015