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: MICHAEL R. BIGLEY

Electronic Signature of Signing Officer/Director Detail

ORLANDO, FL 32839 US FEI Number: 59-2496970

### Name and Address of Current Registered Agent:

BIGLEY, MICHAEL R. 1512 WEST COLONIAL DRIVE ORLANDO, FL 32804 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           | DP                     | Title           | SEC                    |
|-----------------|------------------------|-----------------|------------------------|
| Name            | BIGLEY, DR. MICHAEL R. | Name            | BIGLEY, ROSEANNE KMRS. |
| Address         | 1512 W. COLONIAL DR    | Address         | 1512 W. COLONIAL DRIVE |
| City-State-Zip: | ORLANDO FL             | City-State-Zip: | ORLANDO FL 32804       |
|                 |                        |                 |                        |
| Title           | TR                     |                 |                        |
| Name            | BIGLEY, SEAN M         |                 |                        |
| Address         | 1512 W. COLONIAL DRIVE |                 |                        |
| City-State-Zip: | ORLANDO FL 32804       |                 |                        |

PRESIDENT

FILED Mar 16, 2016 Secretary of State CC3501417924

> 03/16/2016 Date

# DOCUMENT# H42789

Entity Name: BIGLEY & ASSOCIATES, P.A.

Current Principal Place of Business:

1512 W. COLONIAL DR #1 ORLANDO, FL 32804

## **Current Mailing Address:**

5483 ALANDALE CT.

Certificate of Status Desired: No

Date