## 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: ROBERT WILLIAMS	

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: 02/24/2016 Date

URE:	JUSTIN C RUSSELL	
		Ē

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	VP	Title	СОВ		
Name	VENGROFF, JOEL	Name	WILLIAMS, ROBERT		
Address	1 BANKSIDE DR	Address	3615 HIDDEN RIVER RD		
City-State-Zip:	CENTERPORT NY 11721	City-State-Zip:	SARASOTA FL 34240		
Title	SEC				
THE	320				
Name	CARINO, KRISTY				
Name	CARINO, KRISTY				
Name Address	CARINO, KRISTY 10 INLET PLACE				

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.

#### **Current Principal Place of Business:** 8440 NORTH TAMIAMI TRAIL

SELECT ... SARASOTA, FL 34243

SARASOTA, FL 34230 US

#### FEI Number: 58-1963137

RUSSELL, JUSTIN C 8440 N TÁMIAMI TRL SARASOTA, FL 34243 US

Name and Address of Current Registered Agent:

**Current Mailing Address:** 

P O BOX 4155

# 2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L90081

Entity Name: VENGROFF, WILLIAMS & ASSOCIATES, INC.

#### Feb 24, 2016 Secretary of State CR2214833267

FILED

Certificate of Status Desired: Yes

02/24/2016 Date

COB