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: SCOTT HEWITT

Electronic Signature of Signing Officer/Director Detail

04/15/2019

Date

Title	D	Title	D
Name	MANDELBAUM, SAMUEL R	Name	FITZSIMMONS, KEVIN J
Address	100 S. ASHLEY DRIVE SUITE 1100	Address	100 S. ASHLEY DRIVE SUITE 1100
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	D	Title	D
Title Name	D HEWITT, SCOTT K	Title Name	D CAIN, JOHN N
			-

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.

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	D	Title	D	
Name	MANDELBAUM, SAMUEL R	Name	FITZSIMMONS, KEVIN J	
Address	100 S. ASHLEY DRIVE SUITE 1100	Address	100 S. ASHLEY DRIVE SUITE 1100	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	
Title	D	Title	D	
Name	HEWITT, SCOTT K	Name	CAIN, JOHN N	
Address	100 S. ASHLEY DRIVE	Address	100 S. ASHLEY DRIVE	

HEWITT, SCOTT K

100 S. ASHLEY DRIVE SUITE 1100

Current Mailing Address:

DOCUMENT# P01000016261

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Entity Name: MANDELBAUM, FITZSIMMONS, HEWITT AND CAIN, P.A.

P.O. BOX 3373 TAMPA, FL 33601

100 S. ASHLEY DRIVE

TAMPA, FL 33602 US

SUITE 1100

SIGNATURE:

FEI Number: 59-3697868

TAMPA, FL 33602

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

FILED Apr 15, 2019 Secretary of State 6399228562CC