| FEI Number: 52-2370954 | | | Certificate of Status Desired: No | |
|---|--|-----------------------|---|------------|
| Name and A | ddress of Current Registered Agent: | | | |
| FUTURE FLIPZ 1701 COACHM/ CLEARWATER, | AN PLAZA DR | | | |
| The above named | l entity submits this statement for the purpose of changing its regi | stered office or regi | istered agent, or both, in the State of Flo | rida. |
| SIGNATURE | STACY C THOMPSON | | | 02/08/2019 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dired | ctor Detail : | | | |
| Title | PRES | Title | VP | |
| Name | THOMPSON, STACY C | Name | THOMPSON, BRET D | |
| | | | THOM SON, BILLI D | |

Current Principal Place of Business:

DOCUMENT# P02000075552

Entity Name: FUTURE FLIPZ, INC.

1701 COACHMAN PLAZA DR CLEARWATER, FL 33759

Current Mailing Address:

1864 OAK FOREST DRIVE WEST CLEARWATER, FL 33759

City-State-Zip: CLEARWATER FL 33759

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2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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: STACY C THOMPSON

02/08/2019

Electronic Signature of Signing Officer/Director Detail

FILED Feb 08, 2019 Secretary of State 5938376098CC

PRESIDENT

City-State-Zip: CLEARWATER FL 33759

Date