| Current Prir 209 PAWNEE D ORMOND BCH | | | 265245 | 124766 |
|--|--|-----------------|-----------------------|------------|
| Current Mai | ling Address: | | | |
| 209 PAWNE ORMOND B | E DR. CH, FL 32174 US | | | |
| FEI Number: 59-3628910 Certificate of Status De | | | | ired: No |
| Name and Address of Current Registered Agent: | | | | |
| BOLLES, ROBE 209 PAWNEE D ORMOND BCH | | | | |
| 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: ROBERT C BOLLES | | | | 01/25/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRES | Title | SEC | |
| Name | BOLLES, ROBERT C | Name | BOLLES, KAREN S | |
| Address | 209 PAWNEE DR. | Address | 209 PAWNEE DRIVE | |
| City-State-Zip: | ORMOND BCH FL 32174 | City-State-Zip: | ORMOND BEACH FL 32174 | |

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: CHASSIS RESEARCH AND DEVELOPMENT CORP.

DOCUMENT# P03000012386

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 C BOLLES JR

Electronic Signature of Signing Officer/Director Detail

01/25/2022

Date

FILED Jan 25, 2022 **Secretary of State**

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