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.

DIRECTOR

SIGNATURE: PATINA POWELL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P04000143859

Entity Name: DELIVERANCE TAX & INSURANCE SERVICES INC

Current Principal Place of Business:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

Current Mailing Address:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

FEI Number: 20-1124841

Name and Address of Current Registered Agent:

PATINA, POWELL T 1788 BELL AVE SANFORD, FL 32771 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	P	Title	DIRECTORY
Name	REDDING, TAQUAESHA C	Name	POWELL, PATINA
Address	PO BOX 2613	Address	PO BOX 2613
City-State-Zip:	SANFORD FL 32772	City-State-Zip:	SANFORD FL 32772

FILED May 01, 2017 Secretary of State CC1870498311

Certificate of Status Desired: No

05/01/2017

Date