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.

OWNER

SIGNATURE: JASON PHITIDES

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P07000000274

Entity Name: JASON PHITIDES, INC.

Current Principal Place of Business:

11932 MILLER CIRCLE WEST JACKSONVILLE, FL 32218

Current Mailing Address:

11932 MILLER CIRCLE WEST JACKSONVILLE, FL 32218

FEI Number: 03-0613080

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PHITIDES, JASON 11932 MILLER CIRCLE W JACKSONVILLE, FL 32218 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:

Officer/Director Detail : Title D Title D Name PHITIDES, JASON Name PHITIDES, SHANE U Address 11932 MILLER CIRCLE WEST Address 1060 NEW BERLIN RD City-State-Zip: JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 City-State-Zip:

Certificate of Status Desired: No

FILED Mar 19, 2016 Secretary of State CC0114927406

03/19/2016

Date

Date