

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023710

**Entity Name:** SENTRIX FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1775 WEST HIBISCUS BLVD  
SUITE # 201  
MELBOURNE, FL 32901

**Current Mailing Address:**

1775 WEST HIBISCUS BLVD  
SUITE # 201  
MELBOURNE, FL 32907 US

**FEI Number:** 20-8500077

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAFFEE, CAMILLE  
1775 W. HIBISCUS AVE #201  
WEST MELBOURNE, FL 32901 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DPT  
Name CHAFFEE, CAMILLE  
Address 1775 W. HIBISCUS AVE #201  
City-State-Zip: WEST MELBOURNE FL 32901

*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:** CAMILLE CHAFFEE

**PRESIDENT**

**01/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date