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: ELIZABETH GILLHAM

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/12/2018

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	P	Title	Т
Name	GILLHAM, ELIZABETH S	Name	GILLHAM, ELIZABETH S
Address	P.O. BOX 568571	Address	P.O. BOX 568571
City-State-Zip:	ORLANDO FL 32856	City-State-Zip:	ORLANDO FL 32856

Name and Address of Current Registered Agent:

Entity Name: LIZ STEVENS GILLHAM, P.A.

Current Principal Place of Business:

GILLHAM, ELIZABETH S 390 NORTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801 US

FEI Number: 20-8964050

DOCUMENT# P07000039727

390 NORTH ORANGE AVENUE

Current Mailing Address:

SUITE 2300

ORLANDO, FL 32801

P.O. BOX 568571 ORLANDO, FL 32856

FILED Mar 12, 2018 Secretary of State CC6433717354

Certificate of Status Desired: No

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.

Date

Date