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: MICHAEL P JONES

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000021261

Entity Name: MP JONES & ASSOCIATES INC.

Current Principal Place of Business:

13846 ATLANTIC BLVD # 101 JACKSONVILLE, FL 32225

Current Mailing Address:

13846 ATLANTIC BLVD #101 JACKSONVILLE, FL 32225 US

FEI Number: 46-2223031

Name and Address of Current Registered Agent:

JONES, LINDA G 13846 ATLANTIC BLVD # 101 JACKSONVILLE, FL 32225 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	E: LINDA G JONES			01/06/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ, Τ	Title	S	
Name	JONES, MICHAEL P	Name	JONES, LINDA G	
Address	13846 ATLANTIC BLVD 101	Address	13846 ATLANTIC BLVD 101	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225	
Title	D			
Name	JONES, MICHAEL P			
Address	13846 ATLANTIC BLVD 101			
City-State-Zip:	JACKSONVILLE FL 32225			

Certificate of Status Desired: No

PRESIDENT

FILED Jan 06, 2017 Secretary of State CC5782160027

> 01/06/2017 Date