|   | -  |  |  |                  |
|---|--|--|--|------------------|
| 2729 COLONIE  | S DRIVE  |  |  |                  |
| JACKSONVILLE  | EBEACH, FL 32250   |  |  |                  |
|   |  |  |  |                  |
| Current Mail  | ing Address:   |  |  |                  |
| 2729 COLON  | NES DRIVE  |  |  |                  |
| JACKSONVI   | LLE BEACH, FL 32250 US   |  |  |                  |
|   |  |  |  |                  |
| FEI Number  | : 47-2482706   |  | Certificate of Status Desired  | l: No            |
| Name and A  | ddress of Current Registered Agent:  |  |  |                  |
| MCKILLOP LAV  |  |  |  |                  |
| 7563 PHILIPS H  | IWY  |  |  |                  |
| SUITE 101   | , FL 32256 US  |  |  |                  |
|   | , 12 02200 00  |  |  |                  |
| The choice nome   |  |  |  |                  |
| The above harned  | entity submits this statement for the purpose of changing its regist   | tered office or regis  | tered agent, or both, in the State of Florida.   |                  |
|   |  | tered office or regis  |  | /26/2016         |
|   | : IAN MCKILLOP   | tered office or regis  |  | /26/2016         |
|   |  | tered office or regis  |  | /26/2016<br>Date |
|   | : IAN MCKILLOP<br>Electronic Signature of Registered Agent   | tered office or regis  |  |                  |
| SIGNATURE   | : IAN MCKILLOP<br>Electronic Signature of Registered Agent   | Title  |  |                  |
| SIGNATURE   | : IAN MCKILLOP<br>Electronic Signature of Registered Agent   |  | 04   |                  |
| SIGNATURE<br>Officer/Direc<br>Title   | : IAN MCKILLOP<br>Electronic Signature of Registered Agent<br>Ctor Detail :  | Title  | 04<br>VP   |                  |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address  | : IAN MCKILLOP<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>ANDERSON, ROSARIA A  | Title<br>Name  | 04<br>VP<br>ANDERSON, ROSARIA A  | Date             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address  | IAN MCKILLOP Electronic Signature of Registered Agent Cor Detail : P ANDERSON, ROSARIA A 2729 COLONIES DRIVE   | Title<br>Name<br>Address                                     | VP<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE   | Date             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address  | IAN MCKILLOP Electronic Signature of Registered Agent Cor Detail : P ANDERSON, ROSARIA A 2729 COLONIES DRIVE   | Title<br>Name<br>Address                                     | VP<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE   | Date             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:                             | : IAN MCKILLOP<br>Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250  | Title<br>Name<br>Address<br>City-State-Zip:                  | VP<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250  | Date             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title                    | : IAN MCKILLOP<br>Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250<br>TR  | Title<br>Name<br>Address<br>City-State-Zip:<br>Title         | VP<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250<br>SEC   | Date             |
| SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | : IAN MCKILLOP<br>Electronic Signature of Registered Agent<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>P<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250<br>TR<br>ANDERSON, ROSARIA A | Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name | VP<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE<br>JACKSONVILLE BEACH FL 32250<br>SEC<br>ANDERSON, ROSARIA A<br>2729 COLONIES DRIVE | Date             |

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: ROSARIA ANDERSON PRES |
|--|----------------------------------|
|--|----------------------------------|

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P14000098178

Entity Name: THISCHICKCANCOOK, INC.

## **Current Principal Place of Business:**

04/26/2016

Date