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: GREGORY SCONZO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P1600003721

Entity Name: SCONZO LAW OFFICE, P.A.

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

3825 PGA BLVD #207 PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

3825 PGA BLVD #207 PALM BEACH GARDENS. FL 33410 US

## FEI Number: 81-0899237

### Name and Address of Current Registered Agent:

SCONZO, GREGORY S 3825 PGA BLVD #207 PALM BEACH GARDENS, FL 33410 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 o	f Registe	red Agent	

### **Officer/Director Detail :**

Title	Р	Title	VP
Name	SCONZO, GREGORY S	Name	SCONZO, ANDREA C
Address	3825 PGA BLVD #207	Address	3825 PGA BLVD #207
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

# FILED Feb 17, 2021 Secretary of State 8981437930CC

Date

Certificate of Status Desired: No

PRESIDENT

02/17/2021

Date