•				y of State 5766CC
Current Mai	ling Address:			
1 DUKE DR LAKE WOR	IVE TH, FL 33460 US			
FEI Number: 65-0435364		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
FULLER, BRIA 500 MAPLEWC 3 JUPITER, FL 3	DOD DRIVE			
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
	d entity submits this statement for the purpose of changing its regis E: BRIAN FULLER	stered office or regis	tered agent, or both, in the State of F	04/26/2024
		stered office or regis	tered agent, or both, in the State of F	
SIGNATURE	E: BRIAN FULLER	stered office or regis	tered agent, or both, in the State of F	04/26/2024
SIGNATURE	E: BRIAN FULLER Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/26/2024
SIGNATURE Officer/Dire	E: BRIAN FULLER Electronic Signature of Registered Agent ctor Detail :			04/26/2024
SIGNATURE Officer/Dire	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P	Title	S	04/26/2024
SIGNATURE Officer/Dire Title Name	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE	Title Name Address	S CONLEY, JOSEPH	04/26/2024
SIGNATURE Officer/Dire Title Name Address	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE	Title Name Address	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/26/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: BRIAN FULLER Electronic Signature of Registered Agent ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE LAKE WORTH FL 33460	Title Name Address	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/26/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: BRIAN FULLER Electronic Signature of Registered Agent Ctor Detail : P SALVATO, WILLIAM P 1 DUKE DRIVE LAKE WORTH FL 33460 VP	Title Name Address	S CONLEY, JOSEPH 845 DAFFODIL DRIVE	04/26/2024

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061043

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: WILLIAM P SALVATO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

FILED Apr 26, 2024

**Secretary of State**