# 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

SIGNATURE: MARY C SORRELL Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P93000061584

Entity Name: MARY C. SORRELL, PROFESSIONAL ASSOCIATION

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

2440 MAYPORT RD. #7 ATLANTIC BEACH, FL 32233

### **Current Mailing Address:**

PO BOX 330108 ATLANTIC BEACH, FL 32266 US

### FEI Number: 59-3268098

## Name and Address of Current Registered Agent:

SORRELL, MARY 1415 INDIÁN WOODS DR. NEPTUNE BEACH, FL 32266 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 of Registered Agent

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

PS Title SORRELL, MARY Name Address 1415 INDIAN WOODS DR. City-State-Zip: NEPTUNE BEACH FL

above, or on an attachment with all other like empowered. 04/28/2015 PRES.

FILED Apr 28, 2015 Secretary of State CC2575294639

Certificate of Status Desired: No

Date

Date