#### 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. 04/29/2014

OWNER / PRES.

#### SIGNATURE: ROBERT F BROWN

Entity Name: BROWN'S TAXIDERMY, INC.

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

525 GLENN CHEEK DR PORT CANAVERAL, FL 32920

## **Current Mailing Address:**

525 GLENN CHEEK DR PORT CANAVERAL. FL 32920

### FEI Number: 59-3256957

# Name and Address of Current Registered Agent:

JACOBY, DAVID H ESQ 2111 DAIRY RD MELBOURNE, FL 32904 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:

### Off

Title	DP	Title	DVS
Name	BROWN, ROBERT F	Name	BROWN, LESLEE H
Address	149 TEQUISTA HARBOR DR	Address	149 TEQUESTA HARBOR DR
City-State-Zip:	MERRITT ISLAND FL 32952	City-State-Zip:	MERRITT ISLAND FL 32952

	Electronic Signature of Registered Agent			
ficer/Director Detail :				
le	DP	Title	DVS	
me	BROWN, ROBERT F	Name	BROWN, LESLEE H	
dress	149 TEQUISTA HARBOR DR	Address	149 TEQUESTA HARBOR DR	

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date