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: DAVID DUBINER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Certificate of Status Desired: No

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052880

Entity Name: 72 HOUR BLIND FACTORY OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

3499 NW 97TH BLVD SUITE13 GAINESVILLE, FL 32606

Current Mailing Address:

3499 NW 97TH BLVD SUITE13 GAINESVILLE, FL 32606 US

FEI Number: 59-3256079

Name and Address of Current Registered Agent:

DUBINER, DAVID 8015 NW 2ND CT GAINESVILLE, FL 33607 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 :

Title	P	Title	ST
Name	DUBINER, DAVID S	Name	DUBINER, CYNTHIA
Address	8015 NW 2ND CT	Address	8015 NW 2ND CT
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607



FILED Mar 21, 2019 Secretary of State 6609881132CC

Date