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.

PRESIDENT

SIGNATURE: MICHAEL L SULLIVAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# V21534

Entity Name: M.L. SULLIVAN & ASSOCIATES, INC.

Current Principal Place of Business:

1403 VENTNOR AVENUE TARPON SPRINGS, FL 34689

Current Mailing Address:

1403 VENTNOR AVENUE TARPON SPRINGS. FL 34689 US

FEI Number: 59-3112881

Name and Address of Current Registered Agent:

SULLIVAN, MICHAEL L. 1403 VENTNOR AVE TARPON SPRINGS, FL 34689 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	PD	Title	S
Name	SULLIVAN, MICHAEL L.	Name	SULLIVAN, ARLENE J
Address	1403 VENTNOR AVE	Address	1403 VENTNOR AVENUE
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689

FILED Jan 16, 2020 Secretary of State 0733550344CC

Certificate of Status Desired: No

01/16/2020

Date

Date