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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: W. BRUCE KANE, DO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M0600000970

Entity Name: BRUCE KANE ENTERPRISES, LLC

Current Principal Place of Business:

4280 TAMIAMI TRAIL EAST SUITE 304 NAPLES, FL 34112

Current Mailing Address:

1455 COLLINGSWOOD AVE. MARCO ISLAND, FL 34145

FEI Number: 38-3610276

Name and Address of Current Registered Agent:

KANE, W. BRUCE 1455 COLLINGSWOOD AVE. MARCO ISLAND, FL 34145 US FILED Jan 24, 2021 Secretary of State 8648532655CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MGRM	Title	TREASURER
Name	KANE, W. BRUCE	Name	KANE, CONNIE LOUISE
Address	1455 COLLINGSWOOD AVE.	Address	1455 COLLINGSWOOD AVE.
City-State-Zip:	MARCO ISLAND FL 34145	City-State-Zip:	MARCO ISLAND FL 34145

s) Detail

OWNER

01/24/2021

Date

Date