

2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000002263

Entity Name: LOSE & ASSOCIATES OF TENNESSEE, INC.**Current Principal Place of Business:**2809 FOSTER AVE
NASHVILLE, TN 37210**Current Mailing Address:**2809 FOSTER AVE
NASHVILLE, TN 37210 US**FEI Number: 62-1211960****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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_____
Date**Officer/Director Detail :**

Title	P
Name	CAMP, CHRIS
Address	2809 FOSTER AVE
City-State-Zip:	NASHVILLE TN 37210

Title	VP
Name	WRYE, MIKE
Address	2809 FOSTER AVE
City-State-Zip:	NASHVILLE TN 37210

Title	VP
Name	ALEXANDER, WHIT
Address	220 WEST CROGAN ST., SUITE 100
City-State-Zip:	LAWRENCEVILLE GA 30045

Title	S
Name	BOYTE, TAMMY
Address	2809 FOSTER AVE
City-State-Zip:	NASHVILLE TN 37210

Title	VP
Name	DAVIDSON, LEE
Address	2809 FOSTER AVE
City-State-Zip:	NASHVILLE TN 37210

Title	ASSOCIATE VICE PRESIDENT DIRECTOR OF ARCHITECTURE
Name	DICKERHOFE, STEVE
Address	220 W CROGAN ST. SUITE 100
City-State-Zip:	LAWRENCEVILLE GA 30046

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: CHRIS CAMP**PRESIDENT****09/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date