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: ANN R. FOYT

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title: PRESIDENT
Name: FOYT, ANN
Address: 5913 GRAND LONEOAK LANE
City-State-Zip: LITHIA FL 33547

Title: TREASURER
Name: WANDO, BRENDA
Address: 13416 TALL PALM PL #101
City-State-Zip: RIVERVIEW FL 33578

Title: VP
Name: FRANCES, JOHNSON LIZ
Address: 1465 PINEBROOK DRIVE
City-State-Zip: CLEARWATER FL 33755

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN FOYT

Title: PRESIDENT

Date

02/25/2019