# 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: RANDALL GIPSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F97000005499

Entity Name: HAINES, GIPSON & ASSOCIATES, INC.

#### **Current Principal Place of Business:**

1550 NORTH BROWN ROAD SUITE 145 LAWRENCEVILLE, GA 30043

# **Current Mailing Address:**

1550 NORTH BROWN ROAD SUITE 145 LAWRENCEVILLE, GA 30043 US

### FEI Number: 58-1109557

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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.

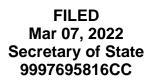
# SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	PTCD	Title	VD
Name	GIPSON, RANDALL W	Name	CAMPBELL, DANIEL D
Address	1550 NORTH BROWN ROAD, #145	Address	1550 NORTH BROWN ROAD, #145
City-State-Zip:	LAWRENCEVILLE GA 30043	City-State-Zip:	LAWRENCEVILLE GA 30043
Title	VD		
l itle Name	VD LEWIS, REX CLAY		

PRESIDENT



Certificate of Status Desired: No

03/07/2022 Date

Date