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: MICHAEL KAMENOFF

SIGNATURE: MICHAEL KAMENOFF

	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	VPS		
Name	KAMENOFF, MICHAEL A	Name	KAMENOFF, BRENDA		
Address	PO BOX 141053	Address	PO BOX 141053		
City-State-Zip:	ORLANDO FL 32814	City-State-Zip:	ORLANDO FL 32814		
Title	TD				
Name	KAMENOFF, BRENDA				
Address	PO BOX 141053				
City-State-Zip:	ORLANDO FL 32814				

1930 MEETING PLACE ORLANDO, FL 32814

PO BOX 141053 ORLANDO, FL 32814 US

FEI Number: 59-2343173

Name and Address of Current Registered Agent:

KAMENOFF, MICHAEL 1930 MEETING PLACE PO BOX 141053 ORLANDO, FL 32814 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.

Current Mailing Address:

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72833

Entity Name: KAMENOFF AND ASSOCIATES, INC.

Current Principal Place of Business:

FILED Mar 18, 2020 Secretary of State 0315748139CC

03/18/2020

Certificate of Status Desired: No

03/18/2020 Date

Electronic Signature of Signing Officer/Director Detail

OWNER