#### 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. 02/10/2021

SIGNATURE: MICHAEL KAMENOFF

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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 Name Address City-State-Zip:	TD KAMENOFF, BRENDA PO BOX 141053 ORLANDO FL 32814		

#### 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.

#### FEI Number: 59-2343173

### Name and Address of Current Registered Agent:

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

# ORLANDO, FL 32814 **Current Mailing Address:**

**1930 MEETING PLACE** 

DOCUMENT# G72833

PO BOX 141053 ORLANDO, FL 32814 US

## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: KAMENOFF AND ASSOCIATES, INC.

**Current Principal Place of Business:** 

SIGNATURE: MICHAEL KAMENOFF

#### FILED Feb 10, 2021 Secretary of State 1777857960CC

02/10/2021 Date

Certificate of Status Desired: No

Date

PRESIDENT