above, or on an attachment with all other like empowered. 03/11/2017

SIGNATURE: LORI E PIERCE

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 1747 CAMP SOUTH MOON RD ASTOR, FL 32102 US

FEI Number: 59-2781877

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

PIERCE, LORI E 1747 CAMP SOUTH MOON RD ASTOR, FL 32102 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:

Officer/Director Detail : P. VP Title Title S, T Name PIERCE, LORI E Name PIERCE, LORI E Address 1747 CAMP SOUTH MOON RD. Address City-State-Zip: City-State-Zip: ASTOR FL 32102

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

Date

FILED Mar 11, 2017

Secretary of State CC3867147094

Date

1747 CAMP SOUTH MOON RD ASTOR FL 32102

PRESIDENT

Certificate of Status Desired: No

Entity Name: PARRAMORE'S CAMP, INC.

Current Principal Place of Business:

1675 CAMP SOUTH MOON RD. ASTOR, FL 32102

DOCUMENT# J58096