		Ochtinicate of Otatus Des	
ddress of Current Registered Agent:			
DRAH L I ST 3CH, FL 32459 US			
l entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	orida.
E DEBORAH HANNAN			04/13/2019
Electronic Signature of Registered Agent			Date
ctor Detail :			
VD	Title	PD	
BUTLER, CONNIE	Name	SONJA, PLUMMER A	
17 RENARD RD.	Address	1333 SUMMERS ST.	
TRYON NC 28782	City-State-Zip:	HINTON WV 25951	
TD			
PLUMMER, SONJA A			
1333 SUMMERS ST.			
HINTON WV 25951			
	DRAH L IST SCH, FL 32459 US Pentity submits this statement for the purpose of changing its reg DEBORAH HANNAN Electronic Signature of Registered Agent Ctor Detail : VD BUTLER, CONNIE 17 RENARD RD. TRYON NC 28782 TD PLUMMER, SONJA A 1333 SUMMERS ST.	DRAH L ST SCH, FL 32459 US Pentity submits this statement for the purpose of changing its registered office or registered statement for the purpose of changing its registered office or registered statement of Registered Agent Electronic Signature of Registered Agent Ctor Detail : VD Title BUTLER, CONNIE Name 17 RENARD RD. Address TRYON NC 28782 City-State-Zip: TD PLUMMER, SONJA A 1333 SUMMERS ST.	ORAH L ST 30CH, FL 32459 US Pentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florest DEBORAH HANNAN Electronic Signature of Registered Agent Ctor Detail : VD VD Title PD BUTLER, CONNIE Name SONJA, PLUMMER A 17 RENARD RD. Address 1333 SUMMERS ST. TD PLUMMER, SONJA A 1333 SUMMERS ST.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# L72440

Entity Name: WEB AWAY, INC.

Current Principal Place of Business:

1333 SUMMERS ST. HINTON, WV 25951

Current Mailing Address:

1333 SUMMERS ST. HINTON, WV 25951 US

FEI Number: 59-3009520

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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: SONJA A PLUMMER

PRESIDENT

04/13/2019

Electronic Signature of Signing Officer/Director Detail

FILED Apr 13, 2019 **Secretary of State** 6894103783CC

Certificate of Status Desired: No

Date