-			Secretar CC9709	9129312
Current Mai	ing Address:			
P.O. BOX 78 LOXAHATCI	3 IEE, FL 33470 US			
FEI Number: 65-1152065			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
DOUGHERTY, 772 U.S. HIGHV SUITE 200 NORTH PALM I				
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE	: THOMAS DOUGHERTY			
	Electronic Circulture of Devictored Amount			03/06/2018
	Electronic Signature of Registered Agent			03/06/2018 Date
Officer/Dire				
Officer/Dire		Title	S	
	ctor Detail :	Title Name	S CAPONE, MATTHEW J	
Title	ctor Detail :		-	
Title Name	C <b>tor Detail :</b> P CAPONE, LAURENE T MPA PO BOX 783	Name Address	CAPONE, MATTHEW J	
Title Name Address	C <b>tor Detail :</b> P CAPONE, LAURENE T MPA PO BOX 783	Name Address	CAPONE, MATTHEW J PO BOX 783	
Title Name Address City-State-Zip:	Ctor Detail : P CAPONE, LAURENE T MPA PO BOX 783 LOXAHATCHEE FL 33470	Name Address	CAPONE, MATTHEW J PO BOX 783	
Title Name Address City-State-Zip: Title	CAPONE, LAURENE T MPA PO BOX 783 LOXAHATCHEE FL 33470	Name Address	CAPONE, MATTHEW J PO BOX 783	

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: LAURENE CAPONE

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085129

PRESIDENT

03/06/2018

Date

FILED Mar 06, 2018