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. SECRETARY/TREASURER 02/13/2014

SIGNATURE: LISA M. KREINBROOK

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P03000013856

Entity Name: DAVID KREINBOOK, PA

Current Principal Place of Business:

4870 NE 64TH AVE. SILVER SPRINGS, FL 34488

Current Mailing Address:

4870 NE 64TH AVE. SILVER SPRINGS. FL 34488

FEI Number: 02-0673800

Name and Address of Current Registered Agent:

KREINBROOK, DAVID N 4870 NE 64TH AVE. SILVER SPRINGS, FL 34488 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	ST
Name	KREINBROOK, DAVID N	Name	KREINBROOK, LISA
Address	4870 NE 64TH AVE.	Address	4870 NE 64TH AVE.
City-State-Zip:	SILVER SPRINGS FL 34488	City-State-Zip:	SILVER SPRINGS FL 34488

Certificate of Status Desired: No

Date

FILED Feb 13, 2014 Secretary of State CC1976770046

Date