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: SCOTT THURSTON

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Officer/Directo	n Detail ·
OILICEI/DILECI	JI Delall.

Title	CEOD, OWNER	Title	DIRECTOR, OWNER
Name	THURSTON, SCOTT	Name	THURSTON, PATRICIA
Address	4164 W. COUNTY HWY 30-A	Address	4164 W. COUNTY HWY 30-A
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459
Title	DIRECTOR, OWNER		
Name	THURSTON , GARY		
Address	4164 W. COUNTY HWY 30-A		
City-State-Zip:	SANTA ROSA BEACH FL 32459		

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

THURSTON, SCOTT 4164 W. COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 US

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097596

Entity Name: T3 SOLUTIONS, INCORPORATED

Current Principal Place of Business:

4164 W. COUNTY HWY 30-A SANTA ROSA BEACH. FL 32459

Current Mailing Address:

4164 W. COUNTY HWY 30-A SANTA ROSA BEACH. FL 32459

FEI Number: 03-0542967

Certificate of Status Desired: Yes

FILED Jan 26, 2021 Secretary of State 6668315626CC

01/26/2021

Date

Date

CEOD, OWNER