# 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.

PRESIDENT

#### SIGNATURE: CARMEN CARDONA

Electronic Signature of Signing Officer/Director Detail

# 5830 20TH AVE S GULFPORT, FL 33707 US

**Current Principal Place of Business:** 

#### FEI Number: 46-1944237

**Current Mailing Address:** 

DOCUMENT# P13000010968

5830 20TH AVE S GULFPORT. FL 33707

#### Name and Address of Current Registered Agent:

HASTINGS, DAVID C CPA 2207 54TH ST S GULFPORT, FL 33707 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: DAVID C HASTINGS

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	Р
Name	CARDONA, CARMEN
Address	5830 20TH AVE S
City-State-Zip:	GULFPORT FL 33707

Entity Name: C3 BOOKKEEPING & OFFICE SERVICES, CORP

# Feb 17, 2021 Secretary of State 5025330414CC

FILED

Certificate of Status Desired: No

02/17/2021 Date

02/17/2021

Date