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: TERRI EADS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P98000045905

Entity Name: EADS INSURANCE & INVESTMENT SERVICES, INC.

Current Principal Place of Business:

2320 S HOPKINS AVE TITUSVILLE, FL 32780

Current Mailing Address:

2320 S HOPKINS AVE TITUSVILLE, FL 32780

FEI Number: 59-3550607

Name and Address of Current Registered Agent:

EADS, TERRI L 4450 SHERWOOD FOREST DRIVE TITUSVILLE, FL 32796 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	PT	Title	VPS
Name	EADS, TERRI L	Name	EADS, JOHN S
Address	4450 SHERWOOD FOREST DRIVE	Address	4450 SHERWOOD FOREST DRIVE
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796

PRESIDENT

01/09/2017 Date

FILED Jan 09, 2017 Secretary of State CC4395096924

Certificate of Status Desired: No

Date