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: MICHAEL LEVY

Electronic Signature of Signing Officer/Director Detail

Entity Name: ALL DADE PLUMBING & SPRINKLERS, INC.

Current Principal Place of Business:

12041 NW 20 ST. PLANTATION, FL 33323

Current Mailing Address:

12041 NW 20 ST. PLANTATION, FL 33323 US

FEI Number: 59-1920523

Name and Address of Current Registered Agent:

COHN, ALAN BESQ. 100 WEST CYPRESS CREEK ROAD 700 FT. LAUDERDALE, FL 33309 US Certificate of Status Desired: No

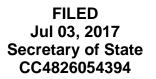
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STD
Name	LEVY, MICHAEL	Name	LEVY, KAREN
Address	12041 NW 20 ST.	Address	11231 SW 1 CT.
City-State-Zip:	PLANTATION FL 33323	City-State-Zip:	FT. LAUDERDALE FL 33325



07/03/2017

Date

Date