# 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: IRA ALWEISS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# F20075

Entity Name: ALWEISS MANAGEMENT SERVICES, INC.

### Current Principal Place of Business:

1920 HALLANDALE BEACH BLVD SUITE 602 HALLANDALE, FL 33009

### **Current Mailing Address:**

P.O. BOX 661169 MIAMI SPRINGS, FL 33166 US

## FEI Number: 59-2255777

## Name and Address of Current Registered Agent:

ALWEISS, IRA 1920 HALLANDALE BEACH BLVD #602 HALLANDALE, FL 33009 US FILED Feb 26, 2014 Secretary of State CC5483781262

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			Date
Officer/Director Detail :				
Title	DVP	Title	TD	
Name	ALWEISS, IRA	Name	ALWEISS, ALAN	
Address	1920 HALLANDALE BEACH BLVD	Address	1920 HALLANDALE BEACH BLVD	
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009	

02/26/2014 Date