Current Principal Place of Business:			CC40266	
	•			
4449 12TH STR WEST PALM B	EET EACH, FL 33409			
Current Mai	ling Address:			
4449 12TH S WEST PALM	STREET 1 BEACH, FL 33409			
FEI Number: 59-2542327			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
JACOBS, JUST				
4449 12TH STR W. PALM BEAC	EET H, FL 33409 US			
	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Floric	la.
	l entity submits this statement for the purpose of changing its regined in the purpose of changi	stered office or regis		01/24/2018
	, , , , , , , , , , , , , , , , , , , ,	stered office or regis		
	Electronic Signature of Registered Agent	stered office or regis		01/24/2018
SIGNATURE	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO,	stered office or regis		01/24/2018
SIGNATURE	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER			01/24/2018
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO,	Title Name Address	VP JACOBS, BRUCE T 4449 12TH STREET	01/24/2018
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER JUSTIN, JACOBS R	Title Name Address	VP JACOBS, BRUCE T	01/24/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER JUSTIN, JACOBS R 4449 12TH STREET WEST PALM BEACH FL 33409	Title Name Address	VP JACOBS, BRUCE T 4449 12TH STREET	01/24/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER JUSTIN, JACOBS R 4449 12TH STREET WEST PALM BEACH FL 33409 VP	Title Name Address	VP JACOBS, BRUCE T 4449 12TH STREET	01/24/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER JUSTIN, JACOBS R 4449 12TH STREET WEST PALM BEACH FL 33409 VP JACOBS, CYNTHIA L	Title Name Address	VP JACOBS, BRUCE T 4449 12TH STREET	01/24/2018
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, SECRETARY, CFO, COO, TREASURER JUSTIN, JACOBS R 4449 12TH STREET WEST PALM BEACH FL 33409 VP	Title Name Address	VP JACOBS, BRUCE T 4449 12TH STREET	01/24/2018

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: JUSTIN JACOBS

PRESIDENT

01/24/2018

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# H63363

Entity Name: MILITARY BRAKE AND ALIGNMENT SERVICE, INC.

FILED Jan 24, 2018 **Secretary of State**

Date