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: LORRAINE C WILDE

Electronic Signature of Signing Officer/Director Detail

<u>2017</u>	FLORIDA	PROFIT	CORPOR	ATION /	ANNUAL	REPORT

DOCUMENT# M13259

Entity Name: ALL BROWARD SERVICES, INC.

Current Principal Place of Business:

2224 SE 7TH STREET POMPANO BEACH, FL 33062

Current Mailing Address:

P O BOX 5406 FT LADUERDAEL, FL 33310-5406 US

FEI Number: 59-2518956

Name and Address of Current Registered Agent:

WILDE, LORRAINE C 2224 SE 7TH STREET POMPANO BEACH, FL 33062 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	DP	Title	VPD
Name	LORRAINE, WILDE C	Name	LETZELTER, DIANNE
Address	2224 SE 7TH STREET	Address	1591 ESTUARY TRAIL
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	DELRAY BEACH FL 33483

Jan 09, 2017 Secretary of State CC7648457777

FILED

Certificate of Status Desired: No

Date

01/09/2017 Date