## 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: DIANNE BUTLER

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P01000104720

Entity Name: BUTLER OFFICE SUPPORT SERVICES, INC.

#### **Current Principal Place of Business:**

15777 66TH CT N LOXAHATCHEE, FL 33470

#### **Current Mailing Address:**

15777 66TH CT N LOXAHATCHEE. FL 33470

## FEI Number: 65-1149866

## Name and Address of Current Registered Agent:

BUTLER, DIANNE 15777 66TH CT N LOXAHATCHEE, FL 33470 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	PSD	Title	VD
Name	BUTLER, DIANNE	Name	BUTLER, WILLIAM
Address	15777 66TH CT N	Address	15777 66TH CT N
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

Certificate of Status Desired: No

Feb 09, 2019 Secretary of State 6525282019CC

Date

FILED

02/09/2019 Date

PRESIDENT