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

LOXAHATCHEE, FL 33470 **Current Mailing Address:**

Current Principal Place of Business:

15777 66TH CT N LOXAHATCHEE. FL 33470

DOCUMENT# P01000104720

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:

15777 66TH CT N

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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BUTLER OFFICE SUPPORT SERVICES, INC.

FILED Jan 11, 2015 Secretary of State CC8583020720

Date

Certificate of Status Desired: No

PRESIDENT

01/11/2015

Date