# 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: ROBERT MCINTYRE

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 20-2510905 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

DOCUMENT# P05000029100

Current Mailing Address: 703 WILSON STREET WILDWOOD. FL 34785

703 WILSON STREET WILDWOOD, FL 34785

MCINTYRE, ROBERT LEE III 703 WILSON STREET WILDWOOD, FL 34785 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: ROBERT L MCINTYRE

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Р
Name	MCINTYRE, ROBERT III
Address	703 WILSON STREET
City-State-Zip:	WILDWOOD FL 34785

Entity Name: ACTION ENTERPRISE PROFESSIONAL LAWN CARE, INC

### Certificate of Status Desired: No

05/02/2017

Date

05/02/2017 Date

FILED May 02, 2017 Secretary of State CC5722434491