### 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: NOEL POLASKY

Electronic Signature of Signing Officer/Director Detail

Title	V	
Name	POLASKY, GREG	
Address	200 TIMBERCOVE NTH	
City-State-Zip:	LONGWOOD FL 32779	

Electronic Signature of Registered Agent

### 0

Officer/Director Detail :				
Title	Ρ	Title	VP	
Name	POLASKY, NOEL M	Name	POLASKY, GREGORY J	
Address	200 TIMBERCOVE NORTH	Address	200 TIMBERCOVE NORTH	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	V			
Name	POLASKY, GREG			

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.

**Current Principal Place of Business:** 200 TIMBERCOVE NORTH LONGWOOD, FL 32779

9400 S US HIGHWAY 17-92

## FEI Number: 26-1192694

POLASKY, NOEL M 200 TIMBERCOVE NORTH LONGWOOD, FL 32779 US

SIGNATURE:

# Name and Address of Current Registered Agent:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: OUT OF SIGHT HOME TECHNOLOGIES, INC.

**Current Mailing Address:** 

DOCUMENT# P07000073348

**SUITE 1040** MAITLAND, FL 32751 US

FILED Jan 25, 2017 Secretary of State CC0498990556

Certificate of Status Desired: No

01/25/2017

Date

Date