

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000081336

**Entity Name:** REALHOME SERVICES AND SOLUTIONS, INC.**Current Principal Place of Business:**1000 ABERNATHY RD STE 245  
ATLANTA, GA 30328-5604**Current Mailing Address:**1000 ABERNATHY RD STE 200  
ATT: CORPORATE SECRETARY  
ATLANTA, GA 30328-5604 US**FEI Number:** 26-3301829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title SECRETARY  
Name HUBSCHER, SOPHIE A.  
Address 1000 ABERNATHY RD, STE 200  
City-State-Zip: ATLANTA GA 30328-5604

Title TREASURER  
Name HARCOURT, TIMOTHY G. N.  
Address 1000 ABERNATHY RD STE 200  
City-State-Zip: ATLANTA GA 30328-5604

Title DIRECTOR  
Name DAVILA, JOSEPH A.  
Address 40, AVENUE MONTEREY  
City-State-Zip: LUXEMBOURG CITY L-2163

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name ESTERMAN, MICHELLE D.  
Address 1000 ABERNATHY RD STE 200  
City-State-Zip: ATLANTA GA 30328-5604

Title DIRECTOR  
Name WILCOX, KEVIN J.  
Address 40, AVENUE MONTEREY  
City-State-Zip: LUXEMBOURG CITY L-2163

Title DIRECTOR  
Name KEARNS, MARK F  
Address 40 AVENUE MONTERREY  
City-State-Zip: LUXEMBOURG CITY LUXEMBOURG L-2163

*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:** SOPHIE A. HUBSCHER**SECRETARY****05/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date