

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081336

Entity Name: REALHOME SERVICES AND SOLUTIONS, INC.**Current Principal Place of Business:**1000 ABERNATHY ROAD
SUITE 200
ATLANTA, GA 30328**Current Mailing Address:**ATTN: CORPORATE SECRETARY
1000 ABERNATHY ROAD SUITE 200
ATLANTA, GA 30328 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 SETHNA, SHAUN
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT, CEO
Name ESTERMAN, MICHELLE D.
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

Title TREASURER, CFO
Name REYNOLDS, SHARON
Address 1000 ABERNATHY ROAD
SUITE 245
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT SECRETARY
Name SZUPELLO, TERESA L.
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

Title VP
Name LEGENDRE, MASON
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name BIVINS, MITCHELL H.
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name SETHNA, SHAUN B.
Address 1000 ABERNATHY ROAD
SUITE 200
City-State-Zip: ATLANTA GA 30328

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: TERESA L. SZUPELLO**ASSISTANT SECRETARY 04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date