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: ALLISON TRAVIESO

Electronic Signature of Signing Officer/Director Detail

PRES

Date

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000026700

Entity Name: S.F. FIELD CONSULTANT SERVICES, INC.

Current Principal Place of Business:

7969 NW 2 STREET #362 MIAMI, FL 33126

Current Mailing Address:

7969 NW 2 STREET #362 MIAMI, FL 33126 US

FEI Number: 27-2261689

Name and Address of Current Registered Agent:

TRAVIESO, ALLISON 7969 NW 2 STREET #362 MIAMI, FL 33126 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 Signa

Officer/Director Detail :

	Title	D, P	Title	S, T
	Name	TRAVIESO, ALLISON	Name	TRAVIESO, ALLISON
	Address	7969 NW 2 STREET # 362	Address	7969 NW 2 STREET # 362
	City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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ature of Registered Agent					
	Title	S, Т			
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FILED Feb 23, 2017 Secretary of State CC8135750672

Certificate of Status Desired: Yes

02/23/2017

Date