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: ADRIAN KELLIER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P15000018219

Entity Name: KELLIER'S APPLIANCE REPAIRS & SERVICES INC.

Current Principal Place of Business:

1330 SW BABCOCK AVENUE PORT ST LUCIE, FL 34953

Current Mailing Address:

1330 SW BABCOCK AVENUE PORT ST LUCIE. FL 34953 US

FEI Number: 47-3543078

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KELLIER, ADRIAN 1330 SW BABCOCK AVENUE PORT ST LUCIE, FL 34953 US

Officer/Director Detail :

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:

Title	PRESIDENT	Title	VP
Name	KELLIER, ADRIAN	Name	RAMSAY, FAY M
Address	1330 SW BABCOCK AVENUE	Address	1330 SW BABCOCK AVENUE
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

PRESIDENT

01/31/2021

FILED Jan 31, 2021 Secretary of State 4302969182CC

Certificate of Status Desired: No

Date

Date