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

#### DOCUMENT# P15000018219

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

# Current Principal Place of Business:

802 CYPRESS BLVD 202 POMPANO BEACH, FL 33069

## **Current Mailing Address:**

802 CYPRESS BLVD 202 POMPANO BEACH, FL 33069

# FEI Number: 47-3543078

# Name and Address of Current Registered Agent:

KELLIER, ADRIAN 802 CYPRESS BLVD 202 POMPANO BEACH, FL 33069 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:

#### -

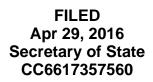
Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Р	Title	VP	
Name	KELLIER, ADRIAN	Name	REID, SHOAN	
Address	802 CYPRESS BLVD	Address	802 CYPRESS BLVD	
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33069	

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SHOAN REID



Certificate of Status Desired: Yes

04/29/2016 Date

Date