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: CHRISTOPHER STEVENSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P17000025337

Entity Name: SERVICE PROPERTY PRO INC

Current Principal Place of Business:

3540 WATERFIELD PARKWAY LAKELAND, FL 33803

Current Mailing Address:

3540 WATERFIELD PARKWAY LAKELAND, FL 33803 US

FEI Number: 82-0893958

Name and Address of Current Registered Agent:

STEVENSON, KATRINA 5867 HOLLYHOCK DR LAKELNAD, FL 33813 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	CEO
Name	STEVENSON, KATRINA	Name	STEVENSON, CHRIS
Address	PO BOX 1295	Address	PO BOX 1295
City-State-Zip:	HIGHLAND CITY FL 33846	City-State-Zip:	HIGHLAND CITY FL 33846

ce or registered agent, or both, in the State of Flo

06/22/2020 Date

FILED Jun 22, 2020 Secretary of State 9797031381CC

Date

Certificate of Status Desired: No

CEO