

**2017 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P17000043108

**FILED**  
**Oct 02, 2017**  
**Secretary of State**  
**CR2013113622**

**Entity Name:** PROPERTY OPERATIONS MANAGEMENT SPECIALTIES, INC.

**Current Principal Place of Business:**

244 SE HERNANDO AVE.  
LAKE CITY, FL 32025

**Current Mailing Address:**

244 SE HERNANDO AVE.  
LAKE CITY, FL 32025 US

**FEI Number: 47-3690651**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEHART, JENNIFER  
244 SE HERNANDO AVE.  
LAKE CITY, FL 32025 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: JENNIFER DEHART**

**10/02/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DEHART, JENNIFER  
Address 244 SE HERNANDO AVE.  
City-State-Zip: LAKE CITY FL 32025

Title T  
Name MURRAY, TORI  
Address 244 SE HERNANDO AVE.  
City-State-Zip: LAKE CITY FL 32025

Title S  
Name TRIPPE, PATRICIA  
Address 224 SE HERNANDO AVE  
City-State-Zip: LAKE CITY FL 32025

*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: JENNIFER DEHART**

**PRESIDENT**

**10/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date