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: ALEXANDER SAAVEDRA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P19000049110

Entity Name: 911 HANDYMEN EMERGENCY SERVICE CORP

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

302 NW DORCHESTER ST PORT ST LUCIE, FL 34983

Current Mailing Address:

302 NW DORCHESTER ST PORT ST LUCIE. FL 34983 US

FEI Number: 84-2070984

Name and Address of Current Registered Agent:

RSV TAX & ACCOUNTING SERVICES INC 380 W 49TH ST HIALEAH, FL 33012 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:

Electro

Officer/Director Deta

Title	Ρ	Title	VP
Name	SAAVEDRA, ALEXANDER	Name	SAAVEDRA, ORLANDO G
Address	302 NW DORCHESTER ST	Address	302 NW DORCHESTER ST
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 34983

onic Signature of Registered Agent					
ail :					
	Title	VP			
DRA, ALEXANDER	Name	SAAVEDRA, ORLANDO G			

04/27/2023 PRESIDENT

Date

FILED Apr 27, 2023 Secretary of State 6825853998CC

Certificate of Status Desired: No

Date