3908 SELVITZ	ncipal Place of Business: RD.			
FORT PIERCE,	FL 34981			
Current Mai	ling Address:			
P O BOX 13 FORT PIER	522 CE, FL 34979-3522 US			
FEI Number: 59-3358688		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
VALDES, ANA 2317 SW FERN PORT ST LUCI	I CIRCLE E , FL 34953 US			
The above name	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	orida.
	entity submits this statement for the purpose of changing its regis ANA VALDES	stered office or regis	tered agent, or both, in the State of Fl	orida. 04/20/2017
	, , , , , , , , , , , , , , , , , , , ,	stered office or regis	tered agent, or both, in the State of Fl	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	04/20/2017
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	04/20/2017
SIGNATURE Officer/Dire	ANA VALDES     Electronic Signature of Registered Agent     ctor Detail :			04/20/2017
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	04/20/2017
SIGNATURE Officer/Dire Title Name Address	ANA VALDES     Electronic Signature of Registered Agent     Cor Detail :     P     VALDES, ANA	Title Name Address	VP ESCOBAR, SUSAN V	04/20/2017
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P VALDES, ANA 2317 SW FERN CIRCLE	Title Name Address	VP ESCOBAR, SUSAN V 2317 SW FERN CIRCLE	04/20/2017
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P VALDES, ANA 2317 SW FERN CIRCLE	Title Name Address	VP ESCOBAR, SUSAN V 2317 SW FERN CIRCLE	04/20/2017

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: ANA VALDES

PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P95000096090

Entity Name: R.E.S. LAND CLEARANCE, INC.

## Current Principal Place of Business

FILED Apr 20, 2017 Secretary of State CC7229535146

Date