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: DENNIS B. CONNORS

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-3469701 Name and Address of Current Registered Agent:

Current Principal Place of Business:

CONNORS, JANET L 6847 TANGO LANE N JACKSONVILLE, FL 32210 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:

Officer/Director Detail : _

Title	D	Title	D
Name	CONNORS, DENNIS B	Name	CONNORS, JANET L
Address	6847 TANGO LANE N	Address	6847 TANGO LANE N
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

Certificate of Status Desired: No

FILED Mar 25, 2016 Secretary of State CC5295168112

Date

03/25/2016

PRES/CEO

JACKSONVILLE. FL 32210

DOCUMENT# P97000083902

6847 TANGO LANE N JACKSONVILLE, FL 32210

Current Mailing Address: 6847 TANGO LANE N

Electronic Signature of Registered Agent

Date

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HOME SERVICES OF JACKSONVILLE, INC.