| Name and Address of Current Registered Agent: | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|-----------------------|------------|
| ATTIA, MAGDY S 35 INDIAN SPRINGS DR ORMOND BEACH, FL 32174 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 | : MAGDY S. ATTIA | | | 01/31/2018 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MANAGING MEMBER | Title | MANAGING MEMBER | |
| Name | HADDOX, LINDA DR | Name | ATTIA, MAGDY SDR | |
| Address | 35 INDIAN SPRINGS DR | Address | 35 INDIAN SPRINGS DR | |
| City-State-Zip: | ORMOND BEACH FL 32174 | City-State-Zip: | ORMOND BEACH FL 32174 | |

Current Mailing Address:

35 INDIAN SPRINGS DR ORMOND BEACH, FL 32174

DOCUMENT# L03000039664

Entity Name: ABM ENGINEERING, LLC

Current Principal Place of Business:

35 INDIAN SPRINGS DR ORMOND BEACH. FL 32174 US

FEI Number: 20-0359270

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2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGDY ATTIA

01/31/2018 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 31, 2018 Secretary of State CC3792191592

Certificate of Status Desired: No