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: RALPH H EAST

Entity Name: 347 - CERTIFIED INSPECTIONS LLC

Current Principal Place of Business:

3474 LAKEVIEW DR DELRAY BEACH. FL 33445

Current Mailing Address:

3474 LAKEVIEW DR DELRAY BEACH. FL 33445

FEI Number: 20-3354496

Name and Address of Current Registered Agent:

EAST, RALPH H 3474 LAKEVIEW DR DELRAY BEACH, FL 33445 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	EAST, RALPH H	Name	EAST, LEONORA
Address	3474 LAKEVIEW DR	Address	3474 LAKEVIEW DR
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	MGRM		
Title Name	MGRM EAST, DAWN M		

MGR

Electronic Signature of Signing Authorized Person(s) Detail

04/16/2014

Date

FILED Apr 16, 2014 Secretary of State CC6543660973

Certificate of Status Desired: No

Date