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: ANN WATERS

NAPLES, FL 34104

4001 SANTA BARBARA BLVD#240

Entity Name: NAPLES HOME STAGING, LLC

Current Principal Place of Business:

FEI Number: 36-4602535

Current Mailing Address:

Name and Address of Current Registered Agent:

WATERS, ANN 4601 ENTERPRISE AVE 3 NAPLES, FL 34104 US

4601 ENTERPRISE AVE

NAPLES, FL 34104

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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 MGRM WATERS, ANN Name 4601 ENTERPRISE AVE Address City-State-Zip: NAPLES FL 34104

MANAGING MEMBER

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L06000120513

Certificate of Status Desired: No

Date

06/09/2014 Date

FILED Jun 09, 2014 Secretary of State CC4447483754

Electronic Signature of Signing Authorized Person(s) Detail