| 2500 NW SOUTH MANOR AVE STUART, FL 34994 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 | SHAWN M TOWNSEND | | | 10/02/2017 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGRM | Title | MGR | |
| Name | TOWNSEND, SHAWN M | Name | JABNEEL, TOWNSEND | |
| Address | 2500 NW SOUTH MANOR AVE | Address | 2500 NW SOUTH MANOR AVE | |
| City-State-Zip: | STUART FL 34994 | City-State-Zip: | STUART FL 34994 | |

Current Mailing Address:

2500 NW SOUTH MANOR AVE

STUART, FL 34994

DOCUMENT# L09000082556

2500 NW SOUTH MANOR AVE STUART. FL 34994 US

FEI Number: 27-0806463

Name and Address of Current Registered Agent:

Entity Name: SMT ESTIMATING SERVICES LLC

Current Principal Place of Business:

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

TOWNSEND, SHAWN M 2500 STUA

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: SHAWN M TOWNSEND

MGRM

10/02/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Oct 02, 2017 Secretary of State CR2116982745

Certificate of Status Desired: No