that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PIERRE CHARLES

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

CHARLES, PIERRE 6276 MIRAMAR PKWY MIRAMAR, FL 33023 US

6276 MIRAMAR PKWY MIRAMAR, FL 33023

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: PIERRE CHARLES

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name CHARLES, PIERRE Address 3320 S UNIVERSITY DRIVE City-State-Zip: MIRAMAR FL 33025

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

Current Mailing Address:

6276 MIRAMAR PKWY MIRAMAR, FL 33023 US

FEI Number: 46-1746127

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000004523

Entity Name: COMPREHENSIVE BUSINESS SERVICES 1402, LLC.

Current Principal Place of Business:

Certificate of Status Desired: No

06/28/2020 Date

Date

FILED Jun 28, 2020 Secretary of State 2300175825CC

MANAGER

06/28/2020