1630 SW 4TH A CAPE CORAL,				
CAPE CORAL,	L 22421			
Current Mai	iling Address:			
1630 SW 4T	TH AVE			
CAPE CORA	AL, FL 33991 US			
FEI Number: 47-3826379 Certificate			Certificate of Status De	sired: No
Name and A	Address of Current Registered Agen	t:		
	RL S			
WATERS, CAR 1630 SW 4TH A CAPE CORAL,	AVE			
1630 SW 4TH A CAPE CORAL,	AVE	ging its registered office or regis	tered agent, or both, in the State of	Florida.
1630 SW 4TH A CAPE CORAL, The above named	AVE FL 33991 US	ging its registered office or regis	tered agent, or both, in the State of	Florida. 01/29/2019
1630 SW 4TH A CAPE CORAL, The above named	AVE FL 33991 US d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of	
1630 SW 4TH A CAPE CORAL, The above named SIGNATURE	AVE FL 33991 US d entity submits this statement for the purpose of chan E: CARL S WATERS	iging its registered office or regis	tered agent, or both, in the State of	01/29/2019
1630 SW 4TH A CAPE CORAL, The above named SIGNATURE	AVE FL 33991 US d entity submits this statement for the purpose of chan E: CARL S WATERS Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of	01/29/2019
1630 SW 4TH A CAPE CORAL, The above named SIGNATURE Authorized	AVE FL 33991 US d entity submits this statement for the purpose of chan E: <u>CARL S WATERS</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			01/29/2019
1630 SW 4TH A CAPE CORAL, The above named SIGNATURE Authorized Title	AVE FL 33991 US d entity submits this statement for the purpose of chan E: CARL S WATERS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	01/29/2019

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: CARL WATERS

MGR

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000066304

## Entity Name: ACCUSPEC HOME INSPECTION SERVICES, LLC

## **Current Principal Place of Business:**

FILED Jan 29, 2019 Secretary of State 9957440498CC

Date