1630 SW 4TH , CAPE CORAL,				
Current Ma	iling Address:			
1630 SW 41 CAPE COR	TH AVE AL, FL 33991 US			
FEI Number: 47-3826379			Certificate of Status Desired: No	
Name and /	Address of Current Registered Agent:			
WATERS, CAF				
1630 SW 4TH CAPE CORAL,	AVE , FL 33991 US	a its reaistered office or reais	tered agent, or both, in the State of	Florida.
1630 SW 4TH CAPE CORAL, The above name	AVE	g its registered office or regis	tered agent, or both, in the State of	Florida. 03/06/2017
1630 SW 4TH CAPE CORAL, The above name	AVE , FL 33991 US ed entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of	
1630 SW 4TH CAPE CORAL, The above name SIGNATUR	AVE , FL 33991 US ed entity submits this statement for the purpose of changing E: <u>CARL S WATERS</u>	g its registered office or regis	tered agent, or both, in the State of	03/06/2017
1630 SW 4TH CAPE CORAL, The above name SIGNATUR	AVE , FL 33991 US ed entity submits this statement for the purpose of changing E: <u>CARL S WATERS</u> Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of	03/06/2017
1630 SW 4TH CAPE CORAL, The above name SIGNATURI	AVE , FL 33991 US ed entity submits this statement for the purpose of changing E: <u>CARL S WATERS</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			03/06/2017
1630 SW 4TH CAPE CORAL, The above name SIGNATURI Authorized Title	AVE , FL 33991 US ed entity submits this statement for the purpose of changing E: <u>CARL S WATERS</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR	Title	MGR	03/06/2017

Entity Name: ACCUSPEC HOME INSPECTION SERVICES, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT# L15000066304

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 S WATERS

MGR

03/06/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 06, 2017 Secretary of State CR9246478590