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.

PRESIDENT

SIGNATURE: LANCE FEDICK

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000027065

Entity Name: SERVICE SOLUTIONS PROPERTY CARE, LLC

Current Principal Place of Business:

1845 WILBUR AVE SUITE C VERO BEACH, FL 32960

Current Mailing Address:

P.O. BOX 650661 VERO BEACH, FL 32965 US

FEI Number: 81-1369405

Name and Address of Current Registered Agent:

FEDICK, LANCE M 1411 5TH CT VERO BEACH, FL 32960 US FILED Apr 26, 2017 Secretary of State CC2667250135

Date

Certificate of Status Desired: No

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		PRES	Title	VP
Name		FEDICK, LANCE M	Name	FEDICK, KAREN R
Address	6	1411 5TH CT	Address	1411 5TH CT
City-Sta	ate-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960
Title		TREA	Title	AUTHORIZED REPRESENTATIVE
Title Name		TREA WYNE, SHAWN A	Title Name	AUTHORIZED REPRESENTATIVE THRELKELD, AMY
	6			
Name Address	-	WYNE, SHAWN A	Name	THRELKELD, AMY

Date

04/26/2017