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

SIGNATURE: BRIAN D WALKER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000031247

Entity Name: 1205 TECHNICAL CONSULTANTS, LLC

Current Principal Place of Business:

9695 ARALIA WAY BOYNTON BEACH. FL 33436

Current Mailing Address:

9695 ARALIA WAY BOYNTON BEACH. FL 33436 US

FEI Number: 81-1463332

Name and Address of Current Registered Agent:

WALKER, BRIAN D 9695 ARALIA WAY BOYNTON BEACH, FL 33436 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:

Authorized Pers

Title	AMBR	Title	AMBR
Name	WALKER, BRIAN D	Name	WALKER, JAIME B
Address	9695 ARALIA WAY	Address	9695 ARALIA WAY
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

Electronic Signature of Registered Agent					
son(s) Detail :					
IBR	Title	AMBR			
ALKER, BRIAN D	Name	WALKER, JAIME B			
	Addross				

that my name appears above, or on an attachment with all other like empowered. 04/02/2018

GENERAL PARTNER

Date

FILED Apr 02, 2018 Secretary of State CC7261401440

Certificate of Status Desired: No

Date