**Entity Name:** CENTRAL FLORIDA PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**
5425 CALLA LILY CT
KISSIMMEE, FL 34758

**Current Mailing Address:**
5425 CALLA LILY CT
KISSIMMEE, FL 34758

**FEI Number:** 81-3649426

**Name and Address of Current Registered Agent:**
BALAGUER, BRENDA
5425 CALLA LILY CT
KISSIMMEE, FL 34758 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:**

<table>
<thead>
<tr>
<th>Electronic Signature of Registered Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

**Authorized Person(s) Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGR</td>
<td>BALAGUER, BRENDA L</td>
<td>5425 CALLA LILY CT</td>
<td>KISSIMMEE FL 34758</td>
</tr>
<tr>
<td>MGR</td>
<td>PEREZ, ISMAEL</td>
<td>5425 CALLA LILY CT</td>
<td>KISSIMMEE FL 34758</td>
</tr>
</tbody>
</table>

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:** ISMAEL PEREZ  
MNGR  
03/03/2017

<table>
<thead>
<tr>
<th>Electronic Signature of Signing Authorized Person(s) Detail</th>
<th>Date</th>
</tr>
</thead>
</table>