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

SIGNATURE: JENNIFER BAILES-FRETZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: JENNIFER BAILES-WENTZ EMPLOYMENT SERVICES LLC **Current Principal Place of Business:**

5312 17TH STREET CT. EAST BRADENTON, FL 34237

DOCUMENT# L16000205768

Current Mailing Address:

5312 17TH STREET CT. EAST BRADENTON, FL 34237

FEI Number: 81-3361122

Name and Address of Current Registered Agent:

BAILES-FRETZ, JENNIFER 5312 17TH STREET CT. EAST BRADENTON, FL 34237 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:

Electronic Signature of Registered Agent

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	PRE
Name	BAILES-FRETZ, JENNIFER
Address	5312 17TH STREET CT. EAST
City-State-Zip:	BRADENTON FL 34237

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

OWNER

05/01/2017

Date

May 01, 2017 Secretary of State CC0110279211

FILED

Certificate of Status Desired: Yes

Date