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	ne 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 truste	e empowered to execute this report as requir	ed by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: COLINA AGUILA SADY	AMBR	10/25/2018

AMBR

SIGNATURE: COLINA AGUILA, SADY

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPAN	<u>NY REINSTATEMENT</u>

DOCUMENT# L17000092089

Entity Name: MCS PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

3112 PONCE DE LEON AVE JACKSONVILLE, FL 32217

Current Mailing Address:

3112 PONCE DE LEON AVE JACKSONVILLE, FL 32217 US

FEI Number: 82-1372142

Name and Address of Current Registered Agent:

NEXGEN ACCOUNTANTS LLC 3505 SOUTHSIDE BLVD SUITE 7 JACKSONVILLE, FL 32216 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	: FRANCISCO ANDINO			10/25/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	MENENDEZ, LEONARDO	Name	COLINA AGUILA, SADY	
Address	7947 CHERRY BLOSSOM DR S	Address	3112 PONCE DE LEON AVE	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32217	

Certificate of Status Desired: No

FILED Oct 25, 2018 Secretary of State CR0610642447

Date