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.

MANAGER

SIGNATURE: KENNETH D. AZAR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L19000206806

Entity Name: AZAR AND SONS RESTORATION L.L.C

Current Principal Place of Business:

8509 WHISPERING ST #763 SARASOTA, FL 34240

Current Mailing Address:

8509 WHISPERING ST SARASOTA, FL 34240 US

FEI Number: 84-2807240

Name and Address of Current Registered Agent:

AZAR, KENNETH D 8509 WHISPERING ST SARASOTA, FL 34240 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

Authorized Person(s) Detail :

Title	MGR	Title	AP
Name	AZAR, KENNETH D	Name	AZAR, KENNETH D
Address	8509 WHISPERING ST	Address	8509 WHISPERING ST
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240

2799840859CC

FILED Mar 23, 2020

Secretary of State

Date

Certificate of Status Desired: No

03/23/2020

Date