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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE S SYKES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F07000004774 Entity Name: COMBINED SERVICES OF FLORIDA, INC (FN)

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

149 NEW STREET DECATUR, GA 30030

Current Mailing Address:

149 NEW STREET DECATUR. GA 30030

FEI Number: 58-1772930

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

City-State-Zip: DECATUR GA 30030

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:

Officer/Director Detail : Р ----Title Name SYKES, SUZANNE S Address 544 EAST PONCE DELEON AVE N AVE

Title	S
Name	SYKES, MARK C
Address	544 EAST PONCE DELEON
City-State-Zip:	DECATUR GA 30030

PRESIDENT

03/18/2014

FILED Mar 18, 2014 Secretary of State CC2351122340

Certificate of Status Desired: No

Date

Date