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

Date

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F07000004774

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

Current Principal Place of Business:

5500 E. PONCE DE LEON AVENUE STONE MOUNTAIN. GA 30083

Current Mailing Address:

P.O. BOX 2910 TUCKER, GA 30085 US

FEI Number: 58-1772930

Name and Address of Current Registered Agent:

ATLANTA GA 30319

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

City-State-Zip:

Electronic Signature of Registered Agent **Officer/Director Detail :** Title Ρ Title S SYKES, SUZANNE S SYKES, MARK C Name Name 3657 PEACHTREE ROAD NE 3657 PEACHTREE ROAD NE Address Address #5A #5A

City-State-Zip: ATLANTA GA 30319

PRESIDENT

Certificate of Status Desired: No

02/02/2021

Feb 02, 2021 Secretary of State 0983100041CC

FILED

Electronic Signature of Signing Officer/Director Detail

Date