

<h1 style="margin: 0;">DOCUMENT # P99000088968</h1>			
<b>1. Entity Name</b> <div style="text-align: center; font-weight: bold; padding-top: 10px;">PERSONALIZED HOME SERVICES, INC.</div>			
<b>Principal Place of Business</b> 7441 SW 172ND STREET MIAMI FL 33157		<b>Mailing Address</b> 7441 SW 172ND STREET MIAMI FL 33157-4829	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip      Country		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip      Country	
<b>6. Name and Address of Current Registered Agent</b>			
TEMPLE, CRAIG H 7441 SW 172ND STREET MIAMI FL 33157			Name Street Address (If different from above) City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEMPLE, CRAIG H 7441 SW 172ND STREET MIAMI FL 33157		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE: Greg H. Temple 4/18/2020 305-505-4732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)