| I hereby certify that the information indicated on this report or supplemental report is true and a | accurate and that my electronic signature shall have | /e 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, F | lorida Statutes; and that my name appears |
| above, or on an attachment with all other like empowered. | | |
| SIGNATURE: LORY VOLK | V | 03/02/2016 |

SIGNATURE: LORY VOLK

Electronic Signature of Signing Officer/Director Detail

WEST PALM BEACH, FL 33401 **Current Mailing Address:**

Current Principal Place of Business:

325 ALBERMARLE RD. WEST PALM BEACH. FL 33405

FEI Number: 65-0109787

DOCUMENT# K65034

1101 CLARE AVE.

Name and Address of Current Registered Agent:

Entity Name: JOHN VOLK RESTORATIONS INC.

LORY VOLK 325 ALBEMARLE RD WEST PALM BEACH, FL 33405 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

Officer/Director Detail :

| Title | DP | Title | V |
|-----------------|--------------------------|-----------------|--------------------------|
| Name | VOLK, JOHN | Name | VOLK, LORY |
| Address | 325 ALBEMARLE RD. | Address | 325 ALBEMARLE RD |
| City-State-Zip: | WEST PALM BEACH FL 33405 | City-State-Zip: | WEST PALM BEACH FL 33405 |

Certificate of Status Desired: No

FILED Mar 02, 2016 Secretary of State CC2669795797

Date

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date