# 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.

PRESIDENT

#### SIGNATURE: ROBERT D MEYERS

Electronic Signature of Signing Officer/Director Detail

Entity Name: SERVICES BY MEYERS INC.

## **Current Principal Place of Business:**

793 CROSSWIND WAY PORT ORANGE. FL 32128

### **Current Mailing Address:**

793 CROSSWIND WAY PORT ORANGE. FL 32128 US

### FEI Number: 20-4205448

### Name and Address of Current Registered Agent:

MEYERS, ROBERT D 793 CROSSWIND WAY PORT ORANGE, FL 32128 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

Name	MEYERS, ROBERT D	Name	MEYERS, LAURALEE C
Address	793 CROSSWIND WAY	Address	793 CROSSWIND WAY
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128

SIGNATURE:					
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	PVT	Title	S		
Name	MEYERS, ROBERT D	Name	MEYERS, LAURALEE C		

Certificate of Status Desired: No

04/30/2023

FILED Apr 30, 2023 Secretary of State 7068449930CC

Date

Date