2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2016
Secretary of State
CC3759524860

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Entity Name: EVALUVEST INSURANCE SERVICES, INC.

Current Principal Place of Business:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779

Current Mailing Address:

195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779 US

FEI Number: 20-4660214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIZZUTI, KRISTIN A
195 WEKIVA SPRINGS ROAD
SUITE 330
LONGWOOD, FL 32779 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: KRISTIN A PIZZUTI 04/18/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	PIZZUTI, KRISTIN A
Address	195 WEKIVA SPRINGS ROAD SUITE 330
City-State-Zip:	LONGWOOD FL 32779

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: KRISTIN A PIZZUTI AGENT 04/18/2016

Electronic Signature of Signing Officer/Director Detail — Date