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: THERESA A KIMBLE-GRIMES

Electronic Signature of Signing Officer/Director Detail

PORT ORANGE, FL 32127 **Current Mailing Address:**

Current Principal Place of Business:

689 REILLYS ROAD PORT ORANGE. FL 32127

DOCUMENT# P09000082777

689 REILLYS ROAD

FEI Number: 27-1085345

Name and Address of Current Registered Agent:

KIMBLE-GRIMES, THERESA A 689 REILLYS ROAD PORT ORANGE, FL 32127 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: THERESA A KIMBLE-GRIMES

Electronic Signature of Registered Agent

Officer/Director Detail :

Title P. T Name **KIMBLE-GRIMES, THERESA A** Address 689 REILLYS ROAD City-State-Zip: PORT ORANGE FL 32127

Entity Name: PROFESSIONAL PROJECT MANAGEMENT, INC.

Certificate of Status Desired: No

04/19/2013 Date

Date

FILED Apr 19, 2013 Secretary of State CC9327097284

04/19/2013

PRESIDENT