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: JAMES MALENFANT

Electronic Signature of Signing Officer/Director Detail

FEI Number: 45-4654785 Name and Address of Current Registered Agent:

MALENFANT, JAMES W SR. 5169 EDGEWOOD CT JACKSONVILLE, FL 32254 US

Current Mailing Address: 5169 EDGEWOOD CT

JACKSONVILLE, FL 32254 US

DOCUMENT# P12000019792

5169 EDGEWOOD CT JACKSONVILLE, FL 32254

Current Principal Place of Business:

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: JAMES W MALENFANT SR.

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	MALENFANT, JAMES WSR
Address	1983 CANDLEWOOD CT
City-State-Zip:	MIDDLEBURG FL 32068

Entity Name: PRECAST AND RESTORATION SERVICES INC.

Certificate of Status Desired: Yes

04/18/2018 Date

04/18/2018

FILED Apr 18, 2018 Secretary of State CC0713771222

Date

PRESIDENT