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 appea above, or on an attachment with all other like empowered.			
SIGNATURE: MATTHEW BABULA	PRESIDENT	04/05/2017	

Electronic Signature of Signing Officer/Director Detail

Entity Name: FLORIDA LAWN SOLUTIONS INC

# **Current Principal Place of Business:**

604 DOLPHIN DRIVE PANAMA CITY BEACH, FL 32413

### **Current Mailing Address:**

604 DOLPHIN DRIVE PANAMA CITY BEACH. FL 32413 US

### FEI Number: 46-1746781

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BABULA, MATTHEW J 604 DOLPHIN DRIVE PANAMA CITY BEACH FL 32413 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:

Officer/Director Detail :					
Title	Р	Title	VP		
Name	BABULA, MATTHEW J	Name	BABULA, JAMIE L		

Title	Ρ	Title	VP
Name	BABULA, MATTHEW J	Name	BABULA, JAMIE L
Address	604 DOLPHIN DRIVE	Address	604 DOLPHIN DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32413	City-State-Zip:	PANAMA CITY BEACH FL 32413

Apr 05, 2017 Secretary of State CC2802881819

Date

FILED

Certificate of Status Desired: Yes

Date