	cipal Place of Business:				
4525 TICE ST					
FORT MYERS,	FL 33905				
Current Mai	ing Address:				
4525 TICE S	т				
	S, FL 33905				
FEI Number: NOT APPLICABLE			Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:				
TIMELINE BUS 8981 DANIELS	NESS CENTER LLC CENTER DR				
208					
FORT MYERS, FL 33912 US					
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent or both in the State of Flori	da	
SIGNATURE: ISMAEL CARDOSO				ua.	
SIGNATURE				04/28/2016	
SIGNATURE					
SIGNATURE	: ISMAEL CARDOSO Electronic Signature of Registered Agent			04/28/2016	
	: ISMAEL CARDOSO Electronic Signature of Registered Agent	Title	PD	04/28/2016	
Officer/Diree	: ISMAEL CARDOSO Electronic Signature of Registered Agent			04/28/2016	
Officer/Dire	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD	Title	PD	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent ctor Detail : PD VELASQUEZ RAMOS, PABLO	Title Name Address	PD ALVARADO RAMOS, SILVERIO	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD VELASQUEZ RAMOS, PABLO 4525 TICE ST	Title Name Address	PD ALVARADO RAMOS, SILVERIO 4525 TICE ST	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD VELASQUEZ RAMOS, PABLO 4525 TICE ST	Title Name Address	PD ALVARADO RAMOS, SILVERIO 4525 TICE ST	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD VELASQUEZ RAMOS, PABLO 4525 TICE ST	Title Name Address	PD ALVARADO RAMOS, SILVERIO 4525 TICE ST	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD VELASQUEZ RAMOS, PABLO 4525 TICE ST	Title Name Address	PD ALVARADO RAMOS, SILVERIO 4525 TICE ST	04/28/2016	
Officer/Dire Title Name Address	: ISMAEL CARDOSO Electronic Signature of Registered Agent Ctor Detail : PD VELASQUEZ RAMOS, PABLO 4525 TICE ST	Title Name Address	PD ALVARADO RAMOS, SILVERIO 4525 TICE ST	04/28/2016	

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: PABLO VELASQUEZ RAMOS	PD	04/28/2016
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Electronic Signature of Signing Officer/Director Detail

Entity Name: AGUACATAN SERVICES INC

Current Principal Place of Business:

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2016 Secretary of State CC1054988750

Date