SIGNATURE: Electronic Signature of Registered Agent

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.

itle P	Title	VP
ame KRISZTIAN, TAMAS	Name	MENENDEZ, ERIK
ddress 1649 MOFFETT ST.	Address	3250 NE 12 ST #2
ity-State-Zip: HOLLYWOOD FL 33020	City-Stat	te-Zip: POMPANO BEACH FL 330

DOCUMENT# P14000025880

Entity Name: RESTORATION 1 OF WEST PALM BEACH INC

Current Principal Place of Business:

8060 BELVEDERE RD. SUITE 6 WEST PALM BEACH. FL 33411

Current Mailing Address:

8060 BELVEDERE RD. SUITE 6 WEST PALM BEACH. FL 33411 US

FEI Number: 46-5191443

Officer/Director Detail :

Name and Address of Current Registered Agent:

MENENDEZ, ERIK 8060 BELVEDERE RD. SUITE 6 WEST PALM BEACH, FL 33411 US

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.

VP

SIGNATURE: ERIK MENENDEZ

Electronic Signature of Signing Officer/Director Detail

FILED Jan 15, 2016 Secretary of State CC7363863071

Certificate of Status Desired: No

01/15/2016 Date

Date