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	E: PAUL CONTI			01/24/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PRESIDENT	
Name	CONTI, GARY A	Name	CONTI, PAUL A	
Address	18710 90TH STREET NORTH	Address	7451 NW 6TH CT	
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	PLANTATION FL 33317	
Title	D	Title	DIRECTOR	
Name	CONTI, NINA M	Name	RANDALL, CHRISTOPHER A	
Address	18710 90TH STREET NORTH	Address	4170 SW 56 TERRACE	
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	DAVIE FL 33314	
Title	OFFICER			
Name	MOUNTJOY, JEFF JASON			
Address	8035 SW 21 CT			

7451 NW 6TH CT PLANTATION. FL 33317 US

DOCUMENT# P98000045971

7451 NW 6TH CT PLANTATION. FL 33317

Entity Name: CONTI SERVICES, INC.

**Current Principal Place of Business:** 

#### FEI Number: 81-0657835

**Current Mailing Address:** 

#### Name and Address of Current Registered Agent:

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

CONTI, PAUL A 7451 NW 6TH CT PLANTATION, FL 33317 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.

#### SIGNATURE: PAUL CONTI

City-State-Zip: DAVIE FL 33324

PRESIDENT

01/24/2024

## FILED Jan 24, 2024 Secretary of State

# 8637219189CC

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail