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: MARTHA MCCAULEY

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent: MCCAULEY, MARTHA 3921 NW 78TH TERRACE

DOCUMENT# P99000011591

4800 S.W. 64 AVE., STE. 102A

Current Mailing Address: 4800 S.W. 64 AVE., STE. 102A

FEI Number: 65-0893233

DAVIE. FL 33314

DAVIE. FL 33314

DAVIE, FL 33024 US

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: MARTHA MCCAULEY

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PS
Name	MCCAULEY, MARTHA
Address	3921 N.W. 78 TERR.
City-State-Zip:	HOLLYWOOD FL 33024

Entity Name: AMERICAN ALLSTATE BACKFLOW SPECIALISTS, INC.

Feb 02, 2016 Secretary of State CC8261330537

FILED

Certificate of Status Desired: No

02/02/2016 Date

Date

02/02/2016

PRESIDENT