that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO AYALA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

AYALA, ROBERTO 4320 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33415 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	AYALA, ROBERTO	Name	CACERES, CECILIA
Address	4320 LAKE LUCERNE CIRCLE	Address	4320 LAKE LUCERNE CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MGRM

04/15/2016

FILED Apr 15, 2016 Secretary of State CC5730892691

Date

Certificate of Status Desired: No

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000122449

Entity Name: HOME INSPECTIONS BY ROBERTO LLC

Current Principal Place of Business:

4320 LAKE LUCERNE CIRCLE WEST PALM BEACH. FL 33409

Current Mailing Address:

4320 LAKE LUCERNE CIRCLE WEST PALM BEACH. FL 33409

FEI Number: 47-4594790

Title	MGRM
Name	CACERES, CECILIA
Address	4320 LAKE LUCERNE CIRCLE

Date