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.

PRESIDENT

SIGNATURE: ALFREDO LOPEZ

Electronic Signature of Signing Officer/Director Detail

FEI Number: 06-1797798 Name and Address of Current Registered Agent:

Current Principal Place of Business:

DOCUMENT# P06000135073

1842 WILTSHIRE VILLAGE DR WELLINGTON. FL 33414

Current Mailing Address:

1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414

TOP AGENT INC 1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414 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: PATRICIO GONZALEZ E.A.

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	LOPEZ, ALFREDO O
Address	14156 CITRUS GROVE BLVD
City-State-Zip:	LOXAHATCHEE FL 33470

Entity Name: SOUTHEAST SERVICES OF THE PALM BEACHES, INC.

FILED Mar 14, 2017 Secretary of State CC5650620620

Certificate of Status Desired: No

03/14/2017

Date

03/14/2017 Date