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: LORRAINE MABE

Electronic Signature of Signing Officer/Director Detail

Entity Name: MABE PRODUCTION AND INSTALLATION, INC.

Current Principal Place of Business:

924 FAIRLANE DR., UNIT 2 LAKELAND, FL 33809

Current Mailing Address:

924 FAIRLANE DR., UNIT 2 LAKELAND, FL 33809

FEI Number: 84-1720664

Name and Address of Current Registered Agent:

MABE, LORRAINE 3954 DERBY DR. LAKELAND, FL 33809 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

Officer/Director Detail :

Title	V	Title	Р
Name	MABE, BEAUFORD HJR.	Name	MABE, LORRAINE
Address	3954 DERBY DR.	Address	3954 DERBY DR.
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809

P MABE, LORRAINE

PRESIDENT

City-State-Zip: LAKELAND FL 3

Certificate of Status Desired: No

FILED Jan 22, 2016 Secretary of State CC9414982410

Date

Date

01/22/2016