| Entity Name | : A 1 A GENERAL CONTRACTING OF CEI | NTRAL FLORIDA | | cretary of State |
|--|---|---------------------------|-------------------------------------|-----------------------------------|
| Current Prin 2390 FRIDAY F COCOA, FL 32 | | | · · · · · | 500432013203 |
| Current Mai | ling Address: | | | |
| 2390 FRIDA COCOA,FI | Y RD _ 32926 US | | | |
| FEI Number: 26-2389631 Certificate o | | | Certificate of Sta | atus Desired: No |
| Name and A | ddress of Current Registered Agent: | | | |
| FOLEY, TODD 1346 BALLINTO MELBOURNE, | | | | |
| | | | | |
| | l entity submits this statement for the purpose of changing its i | egistered office or regis | tered agent, or both, in the | State of Florida. |
| The above named | | egistered office or regis | tered agent, or both, in the | e State of Florida. 04/28/2016 |
| The above named | l entity submits this statement for the purpose of changing its i | egistered office or regis | tered agent, or both, in the | |
| The above named | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent | egistered office or regis | tered agent, or both, in the | 04/28/2016 |
| The above named | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent | egistered office or regis | tered agent, or both, in the | 04/28/2016 |
| The above named SIGNATURE Officer/Dire | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent Ctor Detail : | | | 04/28/2016 |
| The above named SIGNATURE Officer/Dire Title | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent Ctor Detail : P | Title | VP | 04/28/2016 |
| The above named SIGNATURE Officer/Dire Title Name Address | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent Ctor Detail : P FOLEY, MAYLANIE | Title Name | VP FOLEY, TODD 2390 FRIDAY RD | 04/28/2016 Date |
| The above named SIGNATURE Officer/Dire Title Name Address | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent Ctor Detail : P FOLEY, MAYLANIE 2390 FRIDAY RD | Title Name Address | VP FOLEY, TODD 2390 FRIDAY RD | 04/28/2016 Date |
| The above named SIGNATURE Officer/Dire Title Name Address | entity submits this statement for the purpose of changing its in TODD FOLEY Electronic Signature of Registered Agent Ctor Detail : P FOLEY, MAYLANIE 2390 FRIDAY RD | Title Name Address | VP FOLEY, TODD 2390 FRIDAY RD | 04/28/2016 Date |

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.

VP

SIGNATURE: TODD FOLEY

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036064

Date

04/28/2016

FILED Apr 28, 2016