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 exe	ecute this report as required by Chapter 607, Florida Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: FABIENNE SEVERIN	PRESIDENT	04/28/2017

SIGNATURE: FABIENNE SEVERIN

Electronic Signature of Signing Officer/Director Detail

1411 SUMMIT OAKS DRIVE EAST

Name and Address of Current Registered Agent:

SEVERIN, FABIENNE 1411 SUMMIT OAKS DRIVE EAST JACKSONVILLE, FL 32221 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: FABIENNE SEVERIN

Electronic Signature of Registered Agent

Officer/Director Detail :

Р Title Name SEVERIN, FABIENNE Address 1411 SUMMIT OAKS DRIVE EAST City-State-Zip: JACKSONVILLE FL 32221

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000030353

Entity Name: FABY SEVERIN PROFESSIONAL SERVICES, INCORPOTRATED

Current Principal Place of Business:

1411 SUMMIT OAKS DRIVE EAST JACKSONVILLE. FL 32221

Current Mailing Address:

JACKSONVILLE, FL 32221 US

FEI Number: 42-2428461

Certificate of Status Desired: No

04/28/2017 Date

Date

FILED Apr 28, 2017 Secretary of State CC0084528892