

### REGISTRATION OF TRADE NAME

CLERK OF DISTRICT COURT  
COUNTY OF HENRI, MISSISSIPPI  
FILED  
Trade Name  
2024 JUN 10 AM 10:03  
BOOK 12 \$160.00 Filing Fee  
CINDY TAYLOR, CLERK 124-125  
\$45.00 Publication Fee

COUNTY OF COLUMBIA )

  X   NEW             AMENDMENT             CANCELLATION

I / WE, Poole's Reconstruction and Restoration, LLC, hereby certify that (I AM) or (WE ARE) the owner(s) of a certain business in Columbia County, Georgia, now being carried on as follows:

**NATURE OF BUSINESS:** Restoration and construction services

664 S. Old Belair Rd., Suite A, Grovetown, GA 30813

Print Title: President

RECORDED & SCANNED IN  
MINUTES. CS 6-14-24

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

On MAY 22 2024 before me, S. Valencia, Notary Public

Date

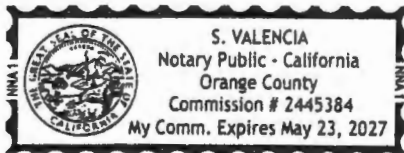
Here Insert Name and Title of the Officer

personally appeared Jeff Moore  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature S. Valencia

Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_