P. O. BOX 8 PEMBROKE	20652 PINES, FL 33082			
FEI Number: 27-5097069			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
RAPE, BENJAN 6535 SW 22CT PEMBROKE PI				
The above named	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fi	lorida.
		tered office or regis	tered agent, or both, in the State of Fi	lorida. 03/27/2022
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fi	
	<ul> <li>d entity submits this statement for the purpose of changing its regis</li> <li>BENJAMIN C. RAPE JR.</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both, in the State of Fi	03/27/2022
SIGNATURE	<ul> <li>d entity submits this statement for the purpose of changing its regis</li> <li>BENJAMIN C. RAPE JR.</li> <li>Electronic Signature of Registered Agent</li> </ul>	stered office or regis	tered agent, or both, in the State of Fi	03/27/2022
SIGNATURE	d entity submits this statement for the purpose of changing its regis E: BENJAMIN C. RAPE JR. Electronic Signature of Registered Agent ctor Detail :			03/27/2022
SIGNATURE Officer/Direc Title	<ul> <li>d entity submits this statement for the purpose of changing its regis</li> <li>EENJAMIN C. RAPE JR.</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>P</li> </ul>	Title	VP	03/27/2022

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001216

Entity Name: COM "V", INC

#### **Current Principal Place of Business:**

6535 SW 22ND COURT MIRAMAR, FL 33023

#### **Current Mailing Address:**

# 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAPE, BENJAMIN CJR

PRESIDENT

```
03/27/2022
```

Electronic Signature of Signing Officer/Director Detail

Date

### FILED Mar 27, 2022 Secretary of State 1053157104CC