Current Mai	ling Address:				
PO BOX 669 POMPANO I	9448 BEACH, FL 33066 US				
FEI Number: 46-3341619 Certifi			Certificate of Status Desi	rtificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent	t:			
ZEGARRA, CAI 18785 SW 29TH MIRAMAR, FL	H ST				
18785 SW 29TH MIRAMAR, FL	H ST	ging its registered office or regis	tered agent, or both, in the State of Flo	rida.	
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US	ging its registered office or regis	tered agent, or both, in the State of Flo	rida. 02/13/202	
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US d entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of Flo		
18785 SW 29TH MIRAMAR, FL The above named	H ST 33029 US d entity submits this statement for the purpose of changes E: CARLOS ZEGARRA Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of Flo	02/13/202	
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE	H ST 33029 US d entity submits this statement for the purpose of changes E: CARLOS ZEGARRA Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of Flo	02/13/202	
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE Officer/Dire	H ST 33029 US d entity submits this statement for the purpose of chang E: <u>CARLOS ZEGARRA</u> Electronic Signature of Registered Agent ctor Detail :			02/13/202	
18785 SW 29TH MIRAMAR, FL The above named SIGNATURE Officer/Dired Title	H ST 33029 US d entity submits this statement for the purpose of chang E: CARLOS ZEGARRA Electronic Signature of Registered Agent Ctor Detail : ED	Title	D	02/13/202	

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: CLAUDIA ZEGARRA

02/13/2024 **OPERATIONS DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N13000006155

4581 CATAMARAN CIRCLE

Entity Name: SACHAMAMA, INC.

Current Principal Place of Business:

FILED Feb 13, 2024 **Secretary of State** 7916259691CC

Date