•			3362537	7480CC
Current Mai	ling Address:			
6027 WALBI ORLANDO,	RIDGE ST FL 32809 US			
FEI Number: 82-5202161			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
RAMOS, ESTHER ALICIA 6027 WALBRIDGE ST ORLANDO, FL 32809 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	E: ESTHER A RAMOS			04/26/2021
SIGNATURE	EIECTRIA RAMOS Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			04/26/2021
	Electronic Signature of Registered Agent	Title	VP	04/26/2021
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP HOSPEDALES, JOSE RAMON	04/26/2021
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : P			04/26/2021
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : P RAMOS, ESTHER ALICIA	Name Address	HOSPEDALES, JOSE RAMON	04/26/2021
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : P RAMOS, ESTHER ALICIA 6027 WALBRIDGE ST	Name Address	HOSPEDALES, JOSE RAMON 6027 WALBRIDGE ST	04/26/2021
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P RAMOS, ESTHER ALICIA 6027 WALBRIDGE ST ORLANDO FL 33809	Name Address	HOSPEDALES, JOSE RAMON 6027 WALBRIDGE ST	04/26/2021
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P RAMOS, ESTHER ALICIA 6027 WALBRIDGE ST ORLANDO FL 33809 SECRETARY, TREASURER	Name Address	HOSPEDALES, JOSE RAMON 6027 WALBRIDGE ST	04/26/2021

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: ESTHER A RAMOS ALERS

04/

PRESIDENT

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N18000003719

Entity Name: CENTRO CRISTIANO NIDO DE AGUILAS INCORPORATED

Electronic Signature of Signing Officer/Director Detail

FILED Apr 26, 2021 Secretary of State 3362537480CC

04/26/2021

Date