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 Statute	es; and that my name appe
above, or on an attachment with all other like empowered.		
SIGNATURE: LUIS SANTOS	PRESIDENT	01/20/20

#### SANTOS, LUIS E 1601 NE 47TH AVE OCALA, FL 34470 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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	Р	Title	S
Name	SANTOS, LUIS E	Name	MALDONADO, VILMARIE
Address	1601 NE 47TH AVE	Address	970 SW 6TH AVE
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34471
Title	т	Title	D
Title Name	T ESQUILIN, JETZIBEL	Title Name	D FIGUEROA, DIANA M
	T ESQUILIN, JETZIBEL 970 SW 6TH AVE		-
Name		Name	FIGUEROA, DIANA M

Certificate of Status Desired: Yes

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 pears

SIGNATURE: LUIS SANTOS

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N1900002284

Entity Name: INSTITUTO BIBLICO ABRIGO DE ALTISIMO, INC

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

970 SW 6TH AVE SUITE 105 OCALA, FL 34471

### **Current Mailing Address:**

970 SW 6TH AVE SUITE 105 OCALA. FL 34471 US

### FEI Number: 83-4666930

# Name and Address of Current Registered Agent:

Date

FILED Jan 20, 2023

Secretary of State

8037805140CC

01/20/2023

Date