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. Ρ 01/16/2024

SIGNATURE: ANDREINA FUENTES

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2100006752

Entity Name: IDENTITY ADEQUACY MOVEMENT INC

Current Principal Place of Business:

1829 SW 22ND TER 1829 MIAMI, FL 33145

Current Mailing Address:

1829 SW 22ND TER 1829 MIAMI, FL 33145 US

FEI Number: 87-2121331

Name and Address of Current Registered Agent:

FUENTES, ANDREINA M MRS 1829 SW 22ND TER 1829 MIAMI, FL 33145 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			D
Officer/Director Detail :					
	Title	Р	Title	VP	
	Name	FUENTES, ANDREINA M MRS	Name	ALBORNOZ-FUENTES, NICOLE M MRS	
	Address	1829 SW 22ND TER 1829	Address	1829 SW 22ND TER	
	City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145	
	Title	D			
	Name	ALBORNOZ-FUENTES, MARIANA			
	Address	1829 SW 22ND TER			
	City-State-Zip:	MIAMI FL 33145			

FILED Jan 16, 2024 Secretary of State 8429621030CC

Certificate of Status Desired: No

Date

Date