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: CARLOS GARCIA

SIGNATURE: CARLOS GARCIA 10/07/2023

	Electronic Signature of Registered Agent			Date
Officer/Direct	tor Detail :			
Title	DIR	Title	DIR	
Name	GARCIA, CARLOS J	Name	DIAZ, RASHEL	
Address	10180 E CALUSA CLUB DR	Address	10180 E CALUSA CLUB DR	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186	
Title	DIR			
Name	FERNANDEZ, NICOLE			
Address	C/O GARCIA, 10180 CALUSA CLUB DR			
City-State-Zip:	MIAMI FL 33186			

#### 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.

#### DOCUMENT# N21000014082

Entity Name: AMOR ENTRE TRES FOUNDATION, INC.

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

10180 E CALUSA CLUB DR MIAMI, FL 33186

## **Current Mailing Address:**

10180 E CALUSA CLUB DR MIAMI, FL 33186 US

## FEI Number: 87-3933705

# Name and Address of Current Registered Agent:

GARCIA, CARLOS J 10180 E CALUSA CLUB DR MIAMI, FL 33186 US

**REGISTERED AGENT** 

Electronic Signature of Signing Officer/Director Detail

FILED Oct 07, 2023 Secretary of State 4571797878CR

Certificate of Status Desired: No

10/07/2023

Date