				y of State 9270CC
3059 MALTILD	ncipal Place of Business: A ST. OVE, FL 33133		221022	327000
Current Mai	ling Address:			
3059 MALTI COCONUT (LDA ST. GROVE, FL 33133			
FEI Number: 65-0613385 Certificat		Certificate of Status Des	sired: No	
Name and A	Address of Current Registered Agent:			
	٨			
FELFLE, PAUL 3059 MATILDA COCONUT GR				
3059 MÁTILDA COCONUT GRO	ST.	tered office or regis	tered agent, or both, in the State of Fi	lorida.
3059 MÁTILDA COCONUT GRO The above named	ST. OVE, FL 33133 US	tered office or regis	tered agent, or both, in the State of Fi	^{lorida.} 06/19/2019
3059 MÁTILDA COCONUT GRO The above named	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fi	
3059 MÁTILDA COCONUT GRO The above named	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL A. FELFLE</u> Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fi	06/19/2019
3059 MÁTILDA COCONUT GRO The above named SIGNATURE	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL A. FELFLE</u> Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fi	06/19/2019
3059 MATILDA COCONUT GRO The above named SIGNATURE Officer/Direct	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: <u>PAUL A. FELFLE</u> Electronic Signature of Registered Agent ctor Detail :			06/19/2019
3059 MÁTILDA COCONUT GRO The above named SIGNATURE Officer/Direc Title	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: PAUL A. FELFLE Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	06/19/2019
3059 MATILDA COCONUT GRO The above named SIGNATURE Officer/Dired Title Name	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: PAUL A. FELFLE Electronic Signature of Registered Agent Ctor Detail : P FELFLE, PAUL A 3059 MATILDA ST	Title Name	VP URIBE, ANTONIO 3057 MATILDA ST	06/19/2019 Date
3059 MÁTILDA COCONUT GRO The above named SIGNATURE Officer/Dired Title Name Address	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E: PAUL A. FELFLE Electronic Signature of Registered Agent Ctor Detail : P FELFLE, PAUL A 3059 MATILDA ST	Title Name Address	VP URIBE, ANTONIO 3057 MATILDA ST	06/19/2019 Date
3059 MÁTILDA COCONUT GRO The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	ST. OVE, FL 33133 US d entity submits this statement for the purpose of changing its regis E PAUL A. FELFLE Electronic Signature of Registered Agent Ctor Detail : P FELFLE, PAUL A 3059 MATILDA ST COCONUT GROVE FL 33133	Title Name Address City-State-Zip:	VP URIBE, ANTONIO 3057 MATILDA ST COCONUT GROVE FL 33133	06/19/2019 Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

City-State-Zip: COCONUT GROVE FL 33133

DOCUMENT# N9400002883

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: PAUL A. FELFLE

PRESIDENT

City-State-Zip: COCONUT GROVE FL 33133

06/19/2019

FILED Jun 19, 2019

Electronic Signature of Signing Officer/Director Detail