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 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PRES

#### DOCUMENT# P00000022179

### Entity Name: PROKONSULT BUSINESS ADMINISTRATION COMPANY

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

C/O LINEU J ARRUDA 2063 MADEIRA DRIVE WESTON, FL 33327-1916

# **Current Mailing Address:**

C/O LINEU J ARRUDA 2645 EXECUTIVE PARK DRIVE SUITE 632 WESTON, FL 33326 US

# FEI Number: 65-0988532

### Name and Address of Current Registered Agent:

ARRUDA, LINEU J 6520 SW 49TH STREET APT "E" DAVIE, FL 33314 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	ARRUDA, LINEU J			
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	MR	Title	MR	
Name	ARRUDA, LINEU J SR.	Name	ARRUDA, MAURICIO L SR.	
Address	6520NSW 49TH STREET APT "E"	Address	C/O LINEU J ARRUDA 2645 EXECUTIVE PARK DRIVE SUITE	
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	632 WESTON FL 33326	

SIGNATURE: LINEU J ARRUDA

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

04/03/2024 Date