## 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.

PRESIDENT

SIGNATURE: ARRUDA, LINEU J

Electronic Signature of Signing Officer/Director Detail

# Entity Name: PROKONSULT BUSINESS ADMINISTRATION COMPANY

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

C/O LINEU J ARRUDA 1689 PASSION VINE CIRCLE WESTON, FL 33326

#### **Current Mailing Address:**

C/O LINEU J ARRUDA **1689 PASSION VINE CIRCLE** WESTON, FL 33326-3662 US

#### FEI Number: 65-0988532

#### Name and Address of Current Registered Agent:

ARRUDA, LINEU J 1689 PASSION VINE CIRCLE WESTON, FL 33326 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			02/13/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	MR	Title	MR	
Name	ARRUDA, LINEU J	Name	ARRUDA, MAURICIO L	
Address	1689 PASSION VINE CIRCLE MARIPOSA POINTE	Address	1689 PASSION VINE CIRCLE	
		City-State-Zip:	WESTON FL 33326	
City-State-Zip:	WESTON FL 33326	ony otate zip.		

Certificate of Status Desired: Yes

02/13/2020 Date

FILED Feb 13, 2020 Secretary of State 4727655077CC

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P00000022179