PEMBROKE P	INES, FL 33025			
Current Ma	iling Address:			
13764 NW 1	8 COURT			
PEMBROKE	PINES, FL 33028			
FEI Number: 65-1055508			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
CARRILLO, AN 740 SW 93 TE PEMBROKE P				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATUR	E: ANA MARIA CARRILLO			04/24/2015
SIGNATUR	E: ANA MARIA CARRILLO Electronic Signature of Registered Agent			04/24/2015 Date
	Electronic Signature of Registered Agent	Title	VPD	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VPD CARRILLO, AURA J	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD			
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent <b>ctor Detail :</b> PD CARRILLO, ANA M 740 SW 93 TERRACE	Name	CARRILLO, AURA J 740 SW 93 TERRACE	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> PD CARRILLO, ANA M 740 SW 93 TERRACE	Name Address	CARRILLO, AURA J 740 SW 93 TERRACE	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD CARRILLO, ANA M 740 SW 93 TERRACE PEMBROKE PINES FL 33025	Name Address	CARRILLO, AURA J 740 SW 93 TERRACE	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD CARRILLO, ANA M 740 SW 93 TERRACE PEMBROKE PINES FL 33025 SECRETARY	Name Address	CARRILLO, AURA J 740 SW 93 TERRACE	
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PD CARRILLO, ANA M 740 SW 93 TERRACE PEMBROKE PINES FL 33025 SECRETARY CARRILLO, GLORIA AN 740 SW 93 TERRACE	Name Address	CARRILLO, AURA J 740 SW 93 TERRACE	

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: ANA MARIA CARRILLO

04/24/2015

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P00000101693

Entity Name: ZORMA BROWARD PF63 CORP.

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

740 SW 93 TERRACE

FILED Apr 24, 2015 Secretary of State CC8648467007

Date