	ncipal Place of Business: SQUARE BLVD #82044 E, FL 32312		43098275	3900			
Current Ma	iling Address:						
	E SQUARE BLVD #82044 SEE, FL 32312 US						
FEI Number: 55-0891285			Certificate of Status Desired: No				
Name and A	Address of Current Registered Agent:						
	S SQUARE BLVD #82044 E, FL 32312 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.				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	1.			
	d entity submits this statement for the purpose of changing its reginents and FUENTES	istered office or regis		3/21/2020			
		istered office or regis					
SIGNATURI	E: ANA FUENTES	istered office or regis		3/21/2020			
SIGNATURI	E: ANA FUENTES Electronic Signature of Registered Agent	istered office or regis		3/21/2020			
SIGNATURI Officer/Dire	E: ANA FUENTES Electronic Signature of Registered Agent		0	3/21/2020			
SIGNATURI Officer/Dire	E: ANA FUENTES Electronic Signature of Registered Agent	Title	s	3/21/2020 Date			
SIGNATURI Officer/Dire Title Name	E: ANA FUENTES Electronic Signature of Registered Agent Ctor Detail : P WAISSMAN, SAMUEL 400 VILLAGE SQUARE BLVD #82044	Title Name	0 S FUENTES, ANA 400 VILLAGE SQUARE BLVD #820	3/21/2020 Date			
SIGNATURI Officer/Dire Title Name Address	E: ANA FUENTES Electronic Signature of Registered Agent Ctor Detail : P WAISSMAN, SAMUEL 400 VILLAGE SQUARE BLVD #82044	Title Name Address	0 S FUENTES, ANA 400 VILLAGE SQUARE BLVD #820	3/21/2020 Date			
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: ANA FUENTES Electronic Signature of Registered Agent Cotor Detail : P WAISSMAN, SAMUEL 400 VILLAGE SQUARE BLVD #82044 TALLAHASSEE FL 32312	Title Name Address	0 S FUENTES, ANA 400 VILLAGE SQUARE BLVD #820	3/21/2020 Date			
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: ANA FUENTES Electronic Signature of Registered Agent Ctor Detail : P WAISSMAN, SAMUEL 400 VILLAGE SQUARE BLVD #82044 TALLAHASSEE FL 32312 MANAGING PARTNER	Title Name Address	0 S FUENTES, ANA 400 VILLAGE SQUARE BLVD #820	3/21/2020 Date			

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.

SIGNATURE: ANA FUENTES

SECRETARY

03/21/2020 Date

Electronic Signature of Signing Officer/Director Detail

Entity Name: CTI PARTNERS, INC.

FILED Mar 21, 2020 **Secretary of State** 4309827539CC