8900 NW 119 S	ncipal Place of Business: TREET DENS, FL 33018		78194051	2400
Current Mai	ling Address:			
8900 NW 11 HIALEAH G	9TH ST ARDENS , FL 33018 US			
FEI Number	: 20-8608887		Certificate of Status Desire	ed: No
Name and A	ddress of Current Registered Agent:			
DAVID GONZA 66 WEST FLAC SUITE 1000 MIAMI, FL 331	ELER STREET			
The above name	I entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Florida	a.
SIGNATURE	E: DAVID GONZALEZ		(	
SIGNATURE	EIEctronic Signature of Registered Agent		C	
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		(	)2/03/2023
	Electronic Signature of Registered Agent	Title	v	)2/03/2023
Officer/Dire	Electronic Signature of Registered Agent	Title Name		)2/03/2023
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : SECRETARY ARACIL, JUAN 424 SW 7 ST		V	)2/03/2023
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : SECRETARY ARACIL, JUAN	Name Address	V GONZALEZ, PATRICIA	)2/03/2023
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY ARACIL, JUAN 424 SW 7 ST 402	Name Address	V GONZALEZ, PATRICIA 8950 NW 119 ST	)2/03/2023
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY ARACIL, JUAN 424 SW 7 ST 402 MIAMI FL 33130	Name Address	V GONZALEZ, PATRICIA 8950 NW 119 ST	)2/03/2023
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent <b>ctor Detail :</b> SECRETARY ARACIL, JUAN 424 SW 7 ST 402 MIAMI FL 33130 PT	Name Address	V GONZALEZ, PATRICIA 8950 NW 119 ST	)2/03/2023
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent <b>Ctor Detail :</b> SECRETARY ARACIL, JUAN 424 SW 7 ST 402 MIAMI FL 33130 PT ORTIZ, HUMBERTO	Name Address	V GONZALEZ, PATRICIA 8950 NW 119 ST	)2/03/2023

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: HUMBERTO ORTIZ

Electronic Signature of Signing Officer/Director Detail

PΤ

02/03/2023

**FILED** Feb 03, 2023 **Secretary of State** 7819405124CC

## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0600007050

Entity Name: AUM CONSTRUCTION INC.

Date