### 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.

DP

SIGNATURE: NOEL E OCON

Title	DP	Title	S
Name	OCON, NOEL E SR	Name	OCON, ANA M
Address	6341 NORTHWEST 199TH LANE	Address	6341 NORTHWEST 199TH LANE
City-State-Zip:	MIAMI FL 33015	City-State-Zip:	MIAMI FL 33015

# 0

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
ītle	DP	Title	S	
lame	OCON, NOEL E SR	Name	OCON, ANA M	
Address	6341 NORTHWEST 199TH LANE	Address	6341 NORTHWEST 199TH LANE	

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:

# **Current Principal Place of Business:**

6341 NORTHWEST 199TH LANE MIAMI, FL 33015

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

6341 NORTHWEST 199TH LANE MIAMI. FL 33015

#### FEI Number: 22-3971223

Name and Address of Current Registered Agent:

Entity Name: NOEL'S DIGITAL SOLUTIONS, CORP.

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P07000115806

Certificate of Status Desired: Yes

04/26/2019

Date

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 26, 2019 Secretary of State 7714117089CC