above, or on an attachment with all other like empowered. SIGNATURE: WILLIAM CALCAGNI

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# P09000051880

Entity Name: LANGUAGE PORTABILITY SOLUTIONS, INC.

**Current Principal Place of Business:** 

9378 ARLINGTON EXP #321 JACKSONVILLE, FL 32225

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

9378 ARLINGTON EXP #321 JACKSONVILLE, FL 32225

#### FEI Number: 27-0461449

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

OPEN ACCESS, INC. 9378 ARLINGTON EXP #321 JACKSONVILLE, FL 32225 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:

# Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	Р	Title	S/T
Name	CALCAGNI, WILLIAM G	Name	CAMACHO, ROBERT A
Address	9378 ARLINGTON EXP #321	Address	9378 ARLINGTON EXP #321
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# 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

Date

02/10/2018 PRESIDENT

Date

FILED Feb 10, 2018 Secretary of State CC6420314173

Certificate of Status Desired: No