| FEI Number: 27-3000235 | | Certificate of Status Desired: No | | |
|--|--|-----------------------------------|-------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| WILLIAM, MOGOLLON 3469 WEST VINE ST KISSIMMEE, FL 34741 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 | E: WILLIAM MOGOLLON | | | 03/11/2019 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | P | Title | VP | |
| Name | HERNANDEZ-CASTANO, CARLOS E | Name | HERNANDEZ DAZA, DIANA C | |
| Address | 3469 WEST VINE ST | Address | 3469 WEST VINE ST | |
| City-State-Zip: | KISSIMMEE FL 34741 | City-State-Zip: | KISSIMMEE FL 34741 | |
| Title | S | | | |
| Name | MOGOLLON , WILLIAM | | | |
| Address | 3469 WEST VINE ST | | | |

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: CARLOS E HERNANDEZ -CASTANO

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3469 WEST VINE ST KISSIMMEE, FL 34741

Current Mailing Address:

3469 WEST VINE ST KISSIMMEE, FL 34741 US

City-State-Zip: KISSIMMEE FL 34741

DOCUMENT# P10000056336

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FILED Mar 11, 2019 **Secretary of State** 5445836944CC

03/11/2019

Date