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.

VP

SIGNATURE: MIGUEL ALMEIDA JR.

Electronic Signature of Signing Officer/Director Detail

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:

ALMEIDA, MIGUEL 13195 SW 134TH ST

MIAMI, FL 33186 US

Electronic Signature of Registered Agent

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

DOCUMENT# P12000005832

Current Mailing Address:

13195 SW 134TH ST

MIAMI, FL 33186 US

FEI Number: 45-4367290

13195 SW 134TH ST

MIAMI, FL 33186

STE 1A

STE 1A

STE 1A

Entity Name: ALL MEDIA DENTAL LAB, INC.

Name and Address of Current Registered Agent:

Current Principal Place of Business:

| Title | P, D | Title | VP, D |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | ALMEIDA, MIGUEL | Name | ALMEIDA, MIGUEL AJR |
| Address | 13195 SW 134TH ST STE 1A | Address | 13195 SW 134TH ST STE 1A |
| City-State-Zip: | MIAMI FL 33186 | City-State-Zip: | MIAMI FL 33186 |

FILED Apr 29, 2020 Secretary of Sta

Certificate of Status Desired: No

Secretary of State 6806850347CC

04/29/2020

Date

Date