| 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.   |  |

OWNER

# SIGNATURE: ALEX EMMANUEL

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P12000014157

Entity Name: CRESSMARK TRAINING CENTER, INC.

#### **Current Principal Place of Business:**

6600 NW 27TH AVENUE 101 MIAMI , FL 33147

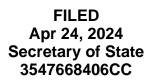
#### **Current Mailing Address:**

PO BOX 530144 MIAMI SHORES, FL 33153 US

### FEI Number: 45-4694059

### Name and Address of Current Registered Agent:

EMMANUEL, ALEX 6600 NW 27TH AVENUE 101 MIAMI , FL 33147 US



04/24/2024

Date

Certificate of Status Desired: No

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: ALEX EMMANUEL                         |                 |                       | 04/24/2024 |  |  |
|---------------------------|--|-----------------|-----------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                       | Date       |  |  |
| Officer/Director Detail : |  |                 |                       |            |  |  |
| Title                     | Ρ  | Title           | OWNER                 |            |  |  |
| Name                      | EMMANUEL, KENDRICK                       | Name            | EMMANUEL, ALEX        |            |  |  |
| Address                   | PO BOX 530144                            | Address         | PO BOX 530144         |            |  |  |
| City-State-Zip:           | MIAMI SHORES FL 33153                    | City-State-Zip: | MIAMI SHORES FL 33153 |            |  |  |
| Title                     | VP                                       |                 |                       |            |  |  |
| Name                      | EMMANUEL, KARL                           |                 |                       |            |  |  |
| Address                   | 6600 NW 27TH AVENUE<br>101               |                 |                       |            |  |  |
| City-State-Zip:           | MIAMI FL 33147                           |                 |                       |            |  |  |