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

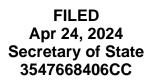
#### **Current Mailing Address:**

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 101					
City-State-Zip:	MIAMI FL 33147					