| MIAMI, FL 33145 US | | | | | |
|---------------------------|---|--|-----------------|-------------------|--|
| | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stat | | | | |
| | SIGNATURE | GNATURE: IVETTE QUINTANA | | | |
| | | Electronic Signature of Registered Agent | | | |
| Officer/Director Detail : | | | | | |
| | Title | PSD | Title | VP | |
| | Name | QUINTANA, IVETTE | Name | SANTOS, TOMAS | |
| | Address | 13252 NW 1ST TERR | Address | 13252 NW 1ST TERR | |
| | City-State-Zip: | MIAMI FL 33182 | City-State-Zip: | MIAMI FL 33182 | |
| | | | | | |

Current Mailing Address:

13252 NW 1ST TERR MIAMI. FL 33182

FEI Number: 46-2910416

Name and Address of Current Registered Agent:

IVETTE, QUINTANA M 1840 SW 22ND ST. 4TH FLOOR 00445 110

The ate of Florida.

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. 01/30/2023

SIGNATURE: TOMAS A SANTOS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

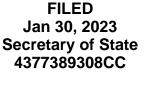
2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000046221

Entity Name: CARE LOVE THERAPY INC.

Current Principal Place of Business:

13252 NW 1ST TERR MIAMI, FL 33182



01/30/2023 Date

Date

VICE-PRESIDENT