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. SIGNATURE: KRISTEL ARAUZ PRESIDENT

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	PDV	Title	SD
Name	ARAUZ, KRISTEL	Name	JACOME, GIANCARLO
Address	8355 WEST FLAGLER STREET #239	Address	8355 WEST FLAGLER STREET #239
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144
Title	TD	Title	VDP
Name	PALMA, MICHAEL A	Name	JACOME, ANA A
Address	8355 WEST FLAGLER STREET #239	Address	8355 WEST FLAGLER STREET #239
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

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.

8355 WEST FLAGLER STREET SUITE 239 MIAMI, FL 33144

Current Mailing Address:

8355 WEST FLAGLER STREET SUITE 239

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

MIAMI, FL 33144 US

8355 WEST FLAGLER STREET

ARAUZ, KRISTEL

SUITE 239 MIAMI, FL 33144 US

Current Principal Place of Business:

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: BUILD-A-BLOCK CHILDREN THERAPY SOLUTIONS, INC.

DOCUMENT# P15000001502

04/10/2023 Date

Date

Certificate of Status Desired: No

FILED Apr 10, 2023 Secretary of State 3117653856CC

Electronic Signature of Signing Officer/Director Detail