#### 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. 02/05/2024

#### SIGNATURE: NAPOLEAO FERNANDEZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: FAMILYES NETWORK INC

#### Current Principal Place of Business:

95 MERRICK WAY **3RD FLOOR** CORAL GABLES, FL 33134

# **Current Mailing Address:**

95 MERRICK WAY, 3RD FLOOR CORAL GABLES, FL 33134 US

# FEI Number: 47-2736131

# Name and Address of Current Registered Agent:

FERNANDEZ, NAPOLEAO 95 MERRICK WAY - 3RD FLOOR CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	Ρ	Title	Т
Name	MEDINA, VILMA H	Name	FERNANDEZ, NAPOLEAO
Address	95 MERRICK WAY 3RD FLOOR	Address	95 MERRICK WAY 3RD FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

FILED		
Feb 05, 2024		
Secretary of State		
7915617718CC		

Date

Certificate of Status Desired: No

Date

TREASURER