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: ROBERTO FLEITES

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

FLEITES, ROBERTO P 9035 SW 48TH TER. MIAMI, FL 33165 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	P	Title	VP
Name	FLEITES, ROBERTO P	Name	FLEITES, ANA R
Address	9035 SW 48TH TER.	Address	9035 SW 48TH TER.
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

Entity Name: APPROPRIATE COUNSELING SERVICES, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9035 SW 48TH TER. MIAMI, FL 33165

Current Mailing Address:

DOCUMENT# P1600004024

9035 SW 48TH TER. MIAMI. FL 33165 US

FEI Number: 81-1138060

Certificate of Status Desired: No

PRESIDENT

FILED Feb 26, 2019 Secretary of State 8123212515CC

Date

02/26/2019 Date