

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000019025

Entity Name: PRESAGE INC**Current Principal Place of Business:**11250 OLD SAINT AUGUSTINE ROAD
STE 15-170
JACKSONVILLE, FL 32257**Current Mailing Address:**11250 OLD SAINT AUGUSTINE ROAD
STE 15-170
JACKSONVILLE, FL 32257 US**FEI Number:** 82-0661753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUPTA, KARAN R
11250 OLD SAINT AUGUSTINE ROAD
STE 15-170
JACKSONVILLE, FL 32257 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_____
Date**Officer/Director Detail :**

Title	P
Name	GUPTA, KARAN R
Address	11250 OLD SAINT AUGUSTINE ROAD STE 15-170
City-State-Zip:	JACKSONVILLE FL 32257

Title	DIR
Name	GUPTA, KARAN R
Address	11250 OLD SAINT AUGUSTINE ROAD STE 15-170
City-State-Zip:	JACKSONVILLE FL 32257

Title	SEC
Name	GUPTA, KARAN R
Address	11250 OLD SAINT AUGUSTINE ROAD STE 15-170
City-State-Zip:	JACKSONVILLE FL 32257

Title	DIRECTOR
Name	GUPTA, KAMINI
Address	11250 OLD SAINT AUGUSTINE RD., STE 15-170
City-State-Zip:	JACKSONVILLE FL 32257

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: KARAN GUPTA**OWNER****04/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date