I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am an officer or director of the corporation or the receiver or trustee empowered t above, or on an attachment with all other like empowered.		
SIGNATURE: ARIF LAKHANI	Р	03/01/2021

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

LAKHANI, ARIF 3500 GALT OCEAN DRIVE #1712A FORT LAUDERDALE, FL 33308 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: ARIF LAKHANI				03/01/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title I	P	Title	VP	
Name I	LAKHANI, ARIF	Name	VIRANI, SEAN ALI	
Address 3500 GALT OCEAN DRIVE #1712A City-State-Zip: FORT LAUDERDALE FL 33308		Address	14565 MONROVIA LANE	
	#1712A FORT LAUDERDALE FL 33308	City-State-Zip:	FORT MYERS FL 33905	

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P1900008844

Entity Name: BROKEN GLASS OF PORT ST LUCIE, INC.

Current Principal Place of Business:

343 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984

Current Mailing Address:

343 SE PORT ST LUCIE BLVD PORT ST LUCIE. FL 34984 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

FILED Mar 01, 2021 Secretary of State 2879642935CC

03/01/2021

Date