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: JUAN C DOMINGUEZ 12/06/2021
Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title  P
Name  DOMINGUEZ, JUAN C
Address  117 MAPLE AVE S
City-State-Zip: LEHIGH ACRES FL 33936

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: JUAN C DOMINGUEZ  P 12/06/2021
Electronic Signature of Signing Officer/Director Detail Date