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.

PRESIDENT

SIGNATURE: NICOLE JOSEPH KADA

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000038862

Entity Name: NICOLE JOSEPH KADA PA

Current Principal Place of Business:

1221 BRICKELL AVE SUITE 900 MIAMI, FL 33131

Current Mailing Address:

1221 BRICKELL AVE C/O PERFECT CIRCLE SUITE 900 MIAMI, FL 33131

FEI Number: 84-1728889

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PERFECT CIRCLE GROUP, PA 1221 BRICKELL AVE SUITE 900 MIAMI, FL 33131 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:

Officer/Director Detail : Title Р Title VP Name JOSEPH KADA, NICOLE Name BARBOZA RETANA, ALLAN 1221 BRICKELL AVE, SUITE 900 Address 1221 BRICKELL AVE, SUITE 900 Address City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131 Title S Name WILLIAMS, RAYONDA Address 1221 BRICKELL AVE, SUITE 900 City-State-Zip: MIAMI FL 33131

Certificate of Status Desired: Yes

03/23/2021

Date

Date

FILED Mar 23, 2021 Secretary of State 5617406889CC