above, or on an attachment with all other like empowered. SIGNATURE: VANESSA C BAUER

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

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	BAUER, VANESSA C	Name	BAUER, GUSTAVO A
Address	100 LAKEVIEW DRIVE APT # 204	Address	100 LAKEVIEW DR APT 204 201
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

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.

# Name and Address of Current Registered Agent:

BAUER, VANESSA C 100 LAKEVIEW DRIVE APT # 204

WESTON, FL 33326 US

SIGNATURE:

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P19000063790

Entity Name: ACUARIDAS INCORPORATED

### **Current Principal Place of Business:**

100 LAKEVIEW DRIVE 204 WESTON, FL 33326

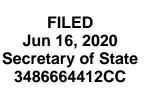
### **Current Mailing Address:**

**100 LAKEVIEW DRIVE** 204 WESTON, FL 33326 US

## FEI Number: 84-2811396

Electronic Signature of Registered Agent

Certificate of Status Desired: Yes



Date

PRESIDENT