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: RENATO ALMEIDA

Electronic Signature of Signing Officer/Director Detail

## Entity Name: HM MOBILE MOVERS INC

DOCUMENT# P21000018974

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

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

6574 N STATE RD7 212 COCONUT CREEK, FL 33073

#### **Current Mailing Address:**

6574 N STATE RD7 212 COCONUT CREEK, FL 33073

#### FEI Number: 86-2386298

### Name and Address of Current Registered Agent:

**BIANCA, LIMA** 6574 N STATE RD7 212 COCONUT CREEK, FL 33073 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	Ρ	Title	VP	
Name	LIMA, BIANCA	Name	ALMEIDA, RENATO	
Address	6574 N STATE RD 7	Address	6574 N STATE RD7	
City-State-Zip:	COCONUT CREEK FL 33073		212	
		City-State-Zip:	COCONUT CREEK FL 33073	

	Electronic Signature of Registered Agent				
icer/Director Detail :					
9	P	Title	VP		
ne	LIMA, BIANCA	Name	ALMEIDA, RENATO		
lress	6574 N STATE RD 7	Address	6574 N STATE RD7		
-State-Zin	COCONUT CREEK EL 33073		212		

# Certificate of Status Desired: No

FILED Feb 05, 2024 Secretary of State 6016906809CC

> 02/05/2024 Date

VICE PRESIDENT

Date