| FEI Number: 87-3610554<br>Name and Address of Current Registered Agent:                                                                                |                                          |                 | Certificate of Status Desired: No |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|-----------------------------------|------------|
| SARDENBERG, MARCELLO<br>2121 SW 3RD AVENUE<br>SUITE #800<br>MIAMI, FL 33129 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                                                                                                                                              | : MARCELLO SARDENBERG                    |                 |                                   | 03/04/2022 |
|                                                                                                                                                        | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Officer/Director Detail :                                                                                                                              |                                          |                 |                                   |            |
| Title                                                                                                                                                  | D                                        | Title           | D                                 |            |
| Name                                                                                                                                                   | POMA, ANDREA                             | Name            | POMA, ALEJANDRO                   |            |
| Address                                                                                                                                                | 2121 SW 3RD AVE STE 800                  | Address         | 2121 SW 3RD AVE STE 800           |            |
| City-State-Zip:                                                                                                                                        | MIAMI FL 33129                           | City-State-Zip: | MIAMI FL 33129                    |            |
|                                                                                                                                                        |                                          |                 |                                   |            |
|                                                                                                                                                        |                                          |                 |                                   |            |
|                                                                                                                                                        |                                          |                 |                                   |            |
|                                                                                                                                                        |                                          |                 |                                   |            |

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: ANDREA POMA

DIRECTOR

03/04/2022

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000063130

Entity Name: CANDELA PURPOSEWEAR, INC.

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

2121 SW 3RD AVE STE 800 MIAMI, FL 33129

## **Current Mailing Address:**

2121 SW 3RD AVE STE 800 MIAMI, FL 33129

## F

Electronic Signature of Signing Officer/Director Detail

FILED Mar 04, 2022 **Secretary of State** 8605310151CC

Date