# SIGNATURE: ELVIS CHORENS

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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

### **Officer/Director Detail :**

Title	Р	Title	VP				
Name	CHORENS, ELVIS	Name	INFANTE, CARLOS				
Address	4001 NW 97TH AVE SUITE 204	Address	4001 NW 97TH AVE SUITE 204				
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178				

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SIGNATURE:						

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. S

# Entity Name: 305 800 PAIN, INC. **Current Principal Place of Business:**

4001 NW 97TH AVE

DOCUMENT# P22000022637

SUITE 204 DORAL, FL 33178

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

4001 NW 97TH AVE SUITE 204 DORAL, FL 33178 US

### FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

INFANTE, CARLOS 4001 NW 97TH AVE SUITE 204 DORAL, FL 33178 US

FILED Jan 31, 2024 Secretary of State 7831444956CC

Certificate of Status Desired: No

Date

01/31/2024

PRESIDENT

Date