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.

Ρ,

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Officer/Director Detail :

Title	P, S	Title	т	
Name	GALVIS C, EDSHELEE M.	Name	CARRENO, , MARIANA	
Address	14422 SHORESIDE WAY, SUITE 110-	Address	7967 ROCK DOVE DR.	
City-State-Zip:	214 WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787	
T :0 -		Title	D	
Title	D	Title Name	D GALVIS CHAVES , SANTIAGO	
Title Name	D ANDRES, GALVIS		-	
		Name Address	GALVIS CHAVES , SANTIAGO 7967 ROCK DOVE DR.	
Name	ANDRES, GALVIS	Name	GALVIS CHAVES , SANTIAGO	

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.

Electronic Signature of Registered Agent

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

7967 ROCK DOVE DRIVE WINTER GARDEN. FL 34787

DOCUMENT# P22000048774

Current Mailing Address:

14422 SHORESIDE WAY SUITE 110-214 WINTER GARDEN, FL 34787 US

Current Principal Place of Business:

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

4835124675CC

Date

Certificate of Status Desired: No

07/20/2023 Date