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: CUEVAS ACOSTA , DANIEL E

Electronic Signature of Signing Officer/Director Detail

urpose of changing its registered office or registered agent, or both, in th

Electronic Signature of Registered Agent

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	CMGR	Title	COO
Name	CUEVAS ACOSTA, DANIEL E	Name	MAGNOLFI COSTA, ALDO F
Address	66 WEST FLAGLER ST STE 900	Address	66 WEST FLAGLER ST STE 900
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000079956

Entity Name: VOLPE USA INC

Current Principal Place of Business:

66 WEST FLAGLER STREET STE 900 MIAMI, FL 33130

Current Mailing Address:

66 WEST FLAGLER STREET STE 900 MIAMI, FL 33130 US

FEI Number: 36-5041482

Name and Address of Current Registered Agent:

AYUDA CENTER 8230 CORAL WAY MIAMI, FL 33155 US

Date

Date

FILED Mar 06, 2024 Secretary of State 2124999313CC

Certificate of Status Desired: No

STA , DANIEL E CMGR