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: IGNACIO TORO DPST

DOCUMENT# P22000081142

Entity Name: EVOLBUSINESS CORP.

Current Principal Place of Business:

5350 NW 84TH AVE 811 DORAL, FL 33166

Current Mailing Address:

1925 BRICKELL AVE., STE. D205 MIAMI, FL 33129 US

FEI Number: 61-2056559

Name and Address of Current Registered Agent:

SIDNEY DE MENEZES, ESQ. 1925 BRICKELL AVE., STE. D205 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

•			
Title	DPST	Title	VP
Name	IGNACIO ALBERTO TORO RESTREPO	Name	IGNACIO ALBERTO TORO RESTREPO
Address	1925 BRICKELL AVE., STE. D205	Address	1925 BRICKELL AVE., STE. D205
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

04/27/2024 Date