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

Ρ

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

SIGNATURE: JOHN PAUL ARCIA

Electronic Signature of Signing Officer/Director Detail

FEI Number: 65-0875297

Name and Address of Current Registered Agent:

Entity Name: 3445 FRANKLIN CORPORATION

**Current Principal Place of Business:** 

ARCIA, JOHN P 175 S.W. 7TH STREET SUITE # 2000 MIAMI, FL 33130 US

175 S.W. 7TH STREET SUITE # 2000 MIAMI, FL 33130

P.O. BOX 330927 MIAMI, FL 33233 US

**Current Mailing Address:** 

DOCUMENT# P98000093393

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	DP	Title	DV
Name	ARCIA, JOHN	Name	ARCIA, LUZ
Address	175 SW 7 STREET SUITE 2000	Address	17720 SW 75 AVE
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33133

## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### FILED Apr 25, 2021 Secretary of State 8381588206CC

Certificate of Status Desired: No

Date

04/25/2021

Date