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: HOWARD ROSEN

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail :				
Title	TD	Title	PD	
Name	ROSEN, HOWARD DESQ.	Name	DONLEVY-ROSEN, PATRICIA AESQ.	
Address	2121 PONCE DE LEON BLVD - SUITE 320	Address	2121 PONCE DE LEON BLVD - SUITE 320	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

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.

Name and Address of Current Registered Agent:

ROSEN, HOWARD DESQ. 2121 PONCE DE LEON BLVD

CORAL GABLES, FL 33134 US

CORAL GABLES, FL 33134

2121 PONCE DE LEON BLVD

SUITE 320

SUITE 320

SIGNATURE:

2121 PONCE DE LEON BLVD SUITE 320 CORAL GABLES, FL 33134 US

Current Principal Place of Business:

Current Mailing Address:

FEI Number: 65-0232813

Electronic Signature of Registered Agent

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# S19076

Entity Name: DONLEVY-ROSEN & ROSEN, PROFESSIONAL ASSOCIATION

FILED Jan 07, 2021 Secretary of State 5339373521CC

Certificate of Status Desired: No