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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: ALICIA DEL REY

City-State-Zip: DORAL FL 33126

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NAVICON INTERNATIONAL, LLC **Current Principal Place of Business:**

8550 NW 17 STREET SUITE 110A DORAL, FL 33126

Current Mailing Address:

DOCUMENT# L05000096229

8550 NW 17 STREET SUITE 110A DORAL, FL 33126 US

FEI Number: 20-3626629

Name and Address of Current Registered Agent:

DEL REY, ALICIA 8550 NW 17 STREET SUITE 110A DORAL, FL 33126 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	YANEZ, GABRIEL	Name	DEL REY, ALICIA
Address	8550 NW 17 STREET SUITE 110A	Address	8550 NW 17 STREET SUITE 110A
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126
Title	MGRM		
Name	ZANZOTTERA, GUSTAVO		
Address	8550 NW 17 STREET SUITE 110A		

that my name appears above, or on an attachment with all other like empowered.

MANAGER

FILED Jun 17, 2020 Secretary of State 7600388834CC

Certificate of Status Desired: No

Date