FEI Number: 46-0523808			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent	::		
HERNANDEZ, (8725 NW 18TH SUITE 302 DORAL, FL 33 ⁻	TERRACE			
The above named	l entity submits this statement for the purpose of chang	ging its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	E DAVID HERNANDEZ, CPA			04/03/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	AMBR	Title	AMBR	
Name	PORRAS ESCALANTE, CARMEN E	Name	ROA VIVAS, LUIS E	
Address	5083 NW 116 AVE	Address	5083 NW 116 AVE	
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178	

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

Current Principal Place of Business:

5083 NW 116 AVE DORAL, FL 33178

Current Mailing Address:

DOCUMENT# L09000106202

5083 NW 116 AVE DORAL, FL 33178 US

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2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	
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FILED Apr 03, 2018 Secretary of State CC6945578320

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04/03/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: CARMEN E PORRAS ESCALANTE

AMBR