SIGNATURE: FIONA CRAIG

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

Electronic Signature of Signing Authorized Person(s) Detail

FINANCE MANAGER

Current Principal Place of Business: 6302 BENJAMIN ROAD SUITE 404

Entity Name: ALBA COFFEE EXPRESS, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

SUITE 404 TAMPA, FL 33634

Current Mailing Address:

DOCUMENT# L11000117202

6302 BENJAMIN ROAD SUITE 404 TAMPA, FL 33634 US

FEI Number: 45-3554537

Name and Address of Current Registered Agent:

JEFFRIES, DAVID MESQ. 1227 N. FRANKLIN STREET TAMPA, FL 33602 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CRAIG, IAN A	Name	CRAIG, FIONA
Address	2632 TARRAGONA WAY	Address	2632 TARRAGONA WAY
City-State-Zip:	WESLEY CHAPEL FL 33543	City-State-Zip:	WESLEY CHAPEL FL 33543

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

Certificate of Status Desired: No

06/29/2018

Date

Date