| Current M | lailing Address: | | | |
|---------------------------------------|--|---------------------------------------|---|------------|
| P.O. BOX CORAL G | 143154 GABLES, FL 33114 US | | | |
| FEI Number: 45-4389660 | | | Certificate of Status Desired: No | |
| Name and | d Address of Current Registered Ag | ent: | | |
| MARTINEZ, 410 PINECF MIAMI SPRI | | | | |
| The above na | med entity submits this statement for the purpose of c | changing its registered office or reg | gistered agent, or both, in the State of Fi | lorida. |
| SIGNATURE: CARLOS A MARTINEZ | | | | 04/07/2020 |
| | Electronic Signature of Registered Agen | t | | Date |
| Authorize | ed Person(s) Detail : | | | |
| Title | MGR | Title | MGR | |
| Name | MARTINEZ, CARLOS A | Name | BUSTAMANTE, CLAUDIA C | |
| Addroop | | Addroop | | |

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.

SIGNATURE: CARLOS A MARTINEZ

MGR

04/07/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011656

Entity Name: BUSINESS ALLIANCE AND COMPANY LLC

Current Principal Place of Business:

410 PINECREST DR MIAMI SPRINGS, FL 33166

Address 410 PINECREST DR Address 410 PINECREST DR City-State-Zip: MIAMI SPRINGS FL 33166 City-State-Zip: MIAMI SPRINGS FL 33166

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 07, 2020 **Secretary of State** 6439788454CC