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. **OWNER/PRESIDENT** 03/30/2018

SIGNATURE: ERKKI MIKKONEN

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

253 NE 2ND STREET SUITE 803 MIAMI, FL 33132

Current Mailing Address:

DOCUMENT# L12000041838

253 NE 2ND STREET **SUITE 803** MIAMI, FL 33132 US

FEI Number: 45-4937862

Name and Address of Current Registered Agent:

MIKKONEN, ERKKI 253 NE 2ND STREET SUITE 803 MIAMI, FL 33132 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:	ERKKI MIKKONEN			03/30/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	MIKKONEN, ERKKI	Name	MIKKONEN, LIISA	
	253 NE 2ND STREET SUITE 803	Address	253 NE 2ND STREET SUITE 803	
City-State-Zip: I	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 30, 2018 Secretary of State CC1765735402

Certificate of Status Desired: Yes

Date