| MOUNT DORA, FL 32757 US | | | | |
|--|---|---------------|-----------------------------------|--------------------|
| FEI Number: 46-3079556 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| TORRES ROSADO, SAMUEL 314 BELLE AYRE DR MOUNT DORA, FL 32757 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: SAMUEL TORRES | | | | |
| SIGNATURE | E: SAMUEL TORRES | | | 04/05/2018 |
| SIGNATURE | E: SAMUEL TORRES Electronic Signature of Registered Agent | | | 04/05/2018 Date |
| | | | | |
| | Electronic Signature of Registered Agent | Title | MGR | |
| Authorized | Electronic Signature of Registered Agent Person(s) Detail: | Title Name | MGR MORALES JUAN, NAILYBETH | |
| Authorized | Electronic Signature of Registered Agent Person(s) Detail : MGR | | - | |

314 BELLE AYRE DR MOUNT DORA, FL 32757 US

Current Mailing Address:

DOCUMENT# L13000093258

314 BELLE AYRE DR MOUNT DORA, FL 32757

Entity Name: ST7 TRAINING CENTER LLC

Current Principal Place of Business:

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: SAMUEL TORRES ROSADO

MGR

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 05, 2018 Secretary of State CC2273649371

Date