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: JASON GONSALVES

Electronic Signature of Signing Authorized Person(s) Detail

SUITE 200 MIAMI, FL 33166

Current Principal Place of Business:

Entity Name: SOLUTIONS 2 GO CHILE LLC

Current Mailing Address:

6745 NW 36TH STREET

DOCUMENT# L15000030740

15 PRODUCTION ROAD BRAMPTON, ONTARIO L6T 4N8 CA

FEI Number: 47-4788053

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC. 100 S. ASHLEY DRIVE SUITE 400 TAMPA, FL 33602 US Certificate of Status Desired: Yes

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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MANAGER AND PRESIDENT	Title	SECRETARY
Name	CHEVALIER, GABRIELLE	Name	GONSALVES, JASON
Address	15 PRODUCTION ROAD	Address	15 PRODUCTION ROAD
City-State-Zip:	BRAMPTON ONTARIO L6T 4N8	City-State-Zip:	BRAMPTON ONTARIO L6T 4N8
Title	MANAGER AND TREASURER		
Name	BOCK, OLIVER		
Address	15 PRODUCTION ROAD		
City-State-Zip:	BRAMPTON ONTARIO L6T 4N8		

GLOBAL CFO

01/22/2020 Date

Date