Current Mai	ling Address:			
P.O. BOX 48				
FORTLAUD	ERDALE, FL 33348 US			
FEI Number: 32-0460192			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
TAX & ACCOU	NTING SOLUTIONS			
616 ATLANTIC	SHORES BLVD			
616 ATLANTIC C HALLANDALE,				
C HALLANDALE,	FL 33009 US			
C HALLANDALE, The above named	FL 33009 US d entity submits this statement for the purpose of changing it.	s registered office or regis	<b>0</b>	
C HALLANDALE, The above named	FL 33009 US	s registered office or regis	<b>0</b>	04/21/201
C HALLANDALE, The above named	FL 33009 US d entity submits this statement for the purpose of changing it.	s registered office or regis	<b>0</b>	
C HALLANDALE, The above named SIGNATURE	FL 33009 US d entity submits this statement for the purpose of changing it E: CARLOS GONZALEZ	s registered office or regis	<b>0</b>	04/21/201
C HALLANDALE, The above named SIGNATURE Authorized I	FL 33009 US d entity submits this statement for the purpose of changing its E: CARLOS GONZALEZ Electronic Signature of Registered Agent	s registered office or regis	<b>0</b>	04/21/201
C HALLANDALE, The above named SIGNATURE Authorized I Title	FL 33009 US         d entity submits this statement for the purpose of changing its         E:       CARLOS GONZALEZ         Electronic Signature of Registered Agent         Person(s) Detail :			04/21/201
C HALLANDALE, The above named SIGNATURE	FL 33009 US d entity submits this statement for the purpose of changing it E: CARLOS GONZALEZ Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	04/21/201

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: LIDIA SAN	AMBR	04/21/2017

## DOCUMENT# L15000040189

Entity Name: CASUJOAL LLC

## **Current Principal Place of Business:**

616 ATLANTIC SHORES BLVD HALLANDALE, FL 33009 FILED Apr 21, 2017 Secretary of State CC2377824535

Date

Electronic Signature of Signing Authorized Person(s) Detail