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.

MGR

SIGNATURE: GUILLERMO FERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PINI INSURANCE 4, LLC

DOCUMENT# L17000189245

Current Principal Place of Business:

14380 SW 139 CT. MIAMI, FL 33186

Current Mailing Address:

14380 SW 139 CT. MIAMI, FL 33186 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

BARRIOS-BALBIN, P.A. 201 ALHAMBRA CIRCLE 500 CORAL GABLES, FL 33134 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.

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

MGR	Title	MGR
FERNANDEZ, ZOILA	Name	FERNANDEZ, GUILLERMO
6285 SW 40TH STREET	Address	6285 SW 40TH STREET
MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
	MGR FERNANDEZ, ZOILA 6285 SW 40TH STREET	MGRTitleFERNANDEZ, ZOILAName6285 SW 40TH STREETAddress

Certificate of Status Desired: No

FILED Nov 23, 2018 Secretary of State CC1539613373

> 11/23/2018 Date

Date