SIGNATURE: RAFAEL FERNANDEZ MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

4995 NW 72 AVE, SUITE 102 MIAMI, FL 33166

Current Mailing Address:

4995 NW 72 AVE, SUITE 102 MIAMI, FL 33166 US

FEI Number: 82-4927177

Name and Address of Current Registered Agent:

INCOME CONSULTING LLC 4995 NW 72 AVE STE 102 MIAMI, FL 33166 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Authorized Person(s) Detail : | | | | |
|-------------------------------|-----------------|---------------------------|-----------------|---------------------------|
| | Title | MGR | Title | MGR |
| | Name | FERNANDEZ, RAFAEL G | Name | INCOME CONSULTING LLC |
| | Address | 4995 NW 72 AVE, SUITE 102 | Address | 4995 NW 72 AVE, SUITE 102 |
| | City-State-Zip: | MIAMI FL 33166 | City-State-Zip: | MIAMI FL 33166 |
| | | | | |
| | Title | MGR | | |
| | Name | MUNOZ, JOSE J | | |
| | Address | 4074 NW OAK LANDING DR | | |
| | City-State-Zip: | DAVIE FL 33314 | | |
| | | | | |

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.

DOCUMENT# L18000065586

Entity Name: ATHLETES WITH PURPOSE CENTER LLC

Apr 02, 2019 Secretary of State 7933635668CC

FILED

Certificate of Status Desired: No

Date

04/02/2019

Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT