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 ANGELL RUIZ IR	MEMBER	07/01/2022

MEMBER

DOCUMENT# L20000205228

Entity Name: RUIZ PROFESSIONAL SOLUTIONS LLC

# **Current Principal Place of Business:**

7548 FINCASTLE WAY ORLANDO, FL 32822

### **Current Mailing Address:**

7548 FINCASTLE WAY ORLANDO, FL 32822 US

# FEI Number: 85-2165793

### Name and Address of Current Registered Agent:

ZENBUSINESS INC. 336 E. COLLEGE AVE. STE 301 TALLAHASSEE, FL 32301 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: KHADIJEH HEMMATI

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title AMBR Name RUIZ. ANGEL L JR Address P.O. BOX 5087 City-State-Zip: HAINES CITY FL 33845

Certificate of Status Desired: No

07/01/2022

Date

FILED Jul 01, 2022 Secretary of State 7003115633CC

Electronic Signature of Signing Authorized Person(s) Detail