| Date Date | MIAMI, FL 33126 US | | | | | |
|---|--|--|-----------------|--------------------------|------------|--|
| Date Date | 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. | | | | | |
| Authorized Person(s) Detail : Title AMBR Title AMBR Name ZARCO, MAURO F Name ZARCO, VLADIMIR A Address FUERZA AEREA 2350 COUNTRY SAN MARINO Address FUERZA AEREA 2350 COUNTRY SON MARINO | SIGNATURE: | YAZMIN AROSEMENA | | | 03/21/2023 | |
| TitleAMBRTitleAMBRNameZARCO, MAURO FNameZARCO, VLADIMIR AAddressFUERZA AEREA 2350 COUNTRY SAN MARINOAddressFUERZA AEREA 2350 COUNTRY SON MARINO | | Electronic Signature of Registered Agent | | | Date | |
| NameZARCO, MAURO FNameZARCO, VLADIMIR AAddressFUERZA AEREA 2350 COUNTRY SAN MARINOAddressFUERZA AEREA 2350 COUNTRY SON MARINO | Authorized Person(s) Detail : | | | | | |
| Address FUERZA AEREA 2350 Address FUERZA AEREA 2350 COUNTRY SAN MARINO COUNTRY SON MARINO | Title A | AMBR | Title | AMBR | | |
| COUNTRY SAN MARINO COUNTRY SON MARINO | Name Z | ZARCO, MAURO F | Name | ZARCO, VLADIMIR A | | |
| City-State-Zin: FUNES SANTA FE 2132 City-State-Zin: FUNES SANTA FE OC 02132 | | | Address | | | |
| | City-State-Zip: F | FUNES SANTA FE 2132 | City-State-Zip: | FUNES, SANTA FE OC 02132 | | |

Current Mailing Address:

25TH NE 5TH ST STE 1626

MIAMI, FL 33132

DOCUMENT# L21000400825

Entity Name: JOVLANI GLOBAL, LLC

Current Principal Place of Business:

25TH NE 5TH ST STE 1626 MIAMI, FL 33132 US

FEI Number: 30-1281611

Name and Address of Current Registered Agent:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

LAVITA TAX CORP 5201 BLUE LAGOON DR STE 889 MI

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: MAURO ZARCO

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 21, 2023 Secretary of State 3141851668CC

Certificate of Status Desired: No

AMBR

03/21/2023 Date