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.

MANAGER

SIGNATURE: ALBERTO J. PEREZ

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

2990 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134

### **Current Mailing Address:**

2990 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134

## FEI Number: 88-3717297

#### Name and Address of Current Registered Agent:

AJP MANAGEMENT GROUP, LLC 2990 PONCE DE LEON BLVD. SUITE 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.

#### SIGNATURE:

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	PEREZ, ALBERTO J	Name	MAS, JUAN C
	2990 PONCE DE LEON BLVD., SUITE 500 CORAL GABLES FL 33134	Address	2990 PONCE DE LEON BLVD., # 500
		City-State-Zip:	CORAL GABLES FL 33134

# Electronic Signature of Registered Agent Date

# FILED Apr 20, 2024 Secretary of State 1494005434CC

Certificate of Status Desired: No

04/20/2024

Date