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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

D

SIGNATURE: MANUEL JARA ACOSTA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F17000003613

Entity Name: PROMAKERTOOLS CORP.

Current Principal Place of Business:

1500 NW 89TH CT, STE 206 DORAL, FL 33172

Current Mailing Address:

1500 NW 89TH CT, STE 206 DORAL, FL 33172 US

FEI Number: 82-0747367

Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC. 3350 SW 148TH AVE. SUITE 120 MIRAMAR, FL 33027 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	: JORGE FERNANDEZ			03/07/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	JARA ACOSTA, MANUEL	Name	ACOSTA, LUIS	
Address	1500 NW 89TH CT, STE 206	Address	1500 NW 89TH CT, STE 206	
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172	

FILED Mar 07, 2019 Secretary of State 5997321804CC

Certificate of Status Desired: No

03/07/2019 Date