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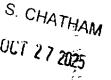
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COR AMND/RESTATE/CORRECT OR O/D RESIGN TRIPLE-S VIDA, INC.

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Help

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

E18000005868

	110000000000			
	(Document number of corporation (if known)	_		
Triple-S Vida, Inc				
I(Nam	ne of corporation as it appears on the records of the Departmen	t of State)		
, OC	, 12/17/18	, , , , , , , , , , , , , , , , , , , ,		
<u> </u>		to do business in	Florida)	
	CECTION II			
	SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGE	ES)		
	ne of the corporation, when was the change effected under the F	aws of its jurisdic	ition of	
;				
(Name of corporation after the amonot contained in new name of the c	endment, adding suffix "corporation," "company," or "incorpo corporation)	rated," or approp	riate abbr	reviation, i
(If new name is unavailable in Flor	ida, enter alternate corporate name adopted for the purpose of	transacting busin	ess in Flo	orida)
6. If the amendment changes the	period of duration, indicate new period of duration.			
C	•			
		<u> </u>		
	(New duration)	•	202	
		:	5 00	· . -p
7. If the amendment changes the	gurisdiction of incorporation, indicate new jurisdiction.		7025 OCT 27 AH 10: 50	2 <u>\$</u>
		Į.	27	: 1
	(New jurisdiction)	Anas - en	25	
			<u>.0</u>	
	t and/or registered office address in Florida, enter the name	e of the	35	
new registered agent and/or the	new registered office address:		_	
Name of New Registered Ager	<u>nt</u>			
	(Florida street address)			
New Registered Office Address:	·	Florida		
	(City)	(Zip Cou	de)	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

* Oct 27, 2525 07:09 To. +18506176380 Page: 3/3 Fax: 18134365206

9.	If the	amendment	changes	person.	title or c	apacity in	accordance	with 607	7.1504	(4),	indicate	that	change:

Title/ Capacity	Name	Address	Type of Action
Director	Day, Graham	1052 Ave. Munoz Rivera	
		San Juan PR 00927	⊠ Add
	· · · · · · · · · · · · · · · · · · ·		🗖 Add
			C Remove
			🖫 🔲 Add
			2025 OCT 23 AM 10: 50
10. Attached is a of the applica under the law	certificate or document of similation to the Department of State, best of which it is incorporated.	ar import, evidencing the amendment, authenticated not y the Secretary of State or other official having custody c	Remove t more than 90 days prior to delivery of corporate records in the jurisdiction
	arturo Ca	re of a director, president or other officer - if in the hand	s of
Artur	a receive o Carrion	e of a director, president or other officer - if in the hand er or other court appointed fiduciary, by that fiduciary) PRESIDENT	

(Title of person signing)

(Typed or printed name of person signing)