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| CARACAS. VI | ENCENDA | | · · | 5 | • | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | T TORONOM ON DEAM OF AN ORAN COMMISSION OF AN ORAN COMMISSION COMMISSION AND AND AND AND AND AND AND AND AND AN | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. * | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | City & State | City & State | | | 4. FEI Number | <i>s</i> : | F | oplied For ot Applicable |
| Zip Country | | | Zip | Zip Country | | | 5. Certificate of Status Desired | | 5.00 Add | |
| | 6. Name and | Address of | Current Registered Agent | | | | 7. Name and Address of New Re | gistered Ag | jent | · |
| - i | | | | | Name | | | | | |
| SALAZAR, LISA P | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1390 BRICKELL AVENUE, STE 200 MIAMI FL 33131 | | | | | | | | | | |
| | | | • | | | | | FL | Zip Code | 8. |
| 8. The above | named entity sub | mits this state | ement for the purpose of changing its | s registere | d office o | r registere | ed agent, or both, in the State of Flor | ida. | | <u> </u> |
| | , | • | | | | | | • | | |
| SIGNATURE | Signature, typed or print | ted name of registe | | | | | when reinstating) | DATE | | · · · · · · · · · · · · · · · · · · · |
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| indicated | on this report is tr | He and accur | lied with this filing does not qualify for rate and that my signature shall have or trustee empowered to execute this | tne same | recial erre | ctasitm | iada undar osin: inai i ain a manaui | further certifing member | UI IIIdiidge | |
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