SIGNATURE:

Signature. Signature, typed or printed name of registered agent and title if applicable. Country Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Fee Requ Fee Requ Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL Zip C City FL Zip C Registered Agent signature required when reinstating) DATE FILE N Will FEE IS \$50.00 Make Check Pa / able to Department of State MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS ITILE MGRM Country 5. Certificate of Status Desired \$5.00 Fee Requ Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL Zip C ADDITIONS/CHANGES TITLE MGRM Delete TITLE MGRM ADDITIONS/CHANGES	Applied For Not Applicable
Principal Place of Business C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST SUITE PLAZA 100 MIAMI FL 33169 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State C/O FELDENKRAIS & ASSOCIATES PA 280 NW 165 ST SUITE FLAZA 100 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE A. FEI Number DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name FELDENKRAIS, MICHAEL ESO C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST PLAZA 100 MIAMI FL 33169 City FL Zip C City FL Zip C Make Check Pa able to Department of State MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MEMBERS MANAGING MEMBERS/MEMBERS MEMBER	Applied For Not Applicable
Malling Address C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST SUITE PLAZA 100 MIAMI FL 33169 2. Princinal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country The and Address of Current Registered Agent Name FELDENKRAIS, MICHAEL ESQ C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST PLAZA 100 MIAMI FL 33169 B. 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 MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MEMBING Address C/O FELDENKRAIS & ADDITIONS/CHANGES Malling Address C/O FELDENKRAIS & ADDITIONS/CHANGES DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA T	Applied For Not Applicable
Mailing Address C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST SUITE FLAZA 100 MIAMI FL 33169 2. Princinal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country To	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country 5. Certificate of Status Desired Fee Requ Fee Requ Fee Requ Fee Requ 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip C 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 Signature, typed or printed name of registered agent and site if applicable. NATE FILE N W!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Change Ch	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State City & State Country 5. Certificate of Status Desired Fee Requ Fee Requ Fee Requ Fee Requ 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip C 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 Signature, typed or printed name of registered agent and site if applicable. NATE FILE N W!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Change Ch	Not Applicable
City & State: City & State: City & State: Country Country Country Country Country Country Country State: Country State: Country Country State: Country State: Country Country State: State: State: State: State: Country State:	Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Fee Required Agent 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDENKRAIS, MICHAEL ESO C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST PLAZA 100 MIAMI FL 33169 City FL Zip C 8. 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 Signature, typed or printed name of registered agent and title if applicable. FILE N. W!!! FEE IS \$50.00 Make Check Pa able to Department of State #####\$0.00 ###### 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	Not Applicable
Signature. Signature, typed or printed name of registered agent and title if applicable. Country Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Fee Requ Fee Requ Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City FL Zip C Signature, typed or printed name of registered agent and title if applicable. FILE N Will FEE IS \$50.00 Make Check Pa / able to Department of State MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS Inter MGRM Delete TILE MGRM Certificate of Status Desired \$5.00 Fee Requ Street Address (P.O. Box Number is Not Acceptable) City FL Zip C ADDITIONS/CHANGES TILE Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C ADDITIONS/CHANGES TILE Change Change ADDITIONS/CHANGES	Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE N(W !!! FEE iS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip C B. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTI Registered Agent signature required when reinstating) DATE FILE N(W!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	: 1
C/O FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST PLAZA 100 MIAMI FL 33169 City FL Zip C 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTI Registered Agent signature required when reinstating) DATE FILE N. W!!! FEE IS \$50.00 -05/30/0101033- ******* 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM	
MIAMI FL 33169 City FL Zip C 8. 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 Signature, typed or printed name of registered agent and title if applicable. NOT: Registered Agent signature required when reinstating) DATE FILE N: W!!! FEE IS \$50.00 -05/30/01-01099- ****** 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES ITTLE MGRM Delete TITLE OCTIVE Delete TITLE Delete TITLE City Total	
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE FILE NI W!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change	ode
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE N(W!!! FEE IS \$50.00 Make Check Pa rable to Department of State MANAGING MEMBERS/MEMBERS DATE FILE N(W!!! FEE IS \$50.00 -05/30/0101099- ******50.00 ******50.00 ADDITIONS/CHANGES ITILE Grange Change	:
Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstating DATE	į
Make Check Pa /able to Department of State -05/30/0101099- *****50.00	
Make Check Pa /able to Department of State *******5[],[][] ******* ******5[],[][] ****** 9.	-006
TITLE MGRM Delete TITLE Change	
	Addition 8
NAME TORRES, ELIO S STREET ADDRESS 290 NW 165 ST SUITE PLAZA 100 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Addition [11/00]
TITLE Delete TITLE Change	Addition 3
IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
ITLE Delete TITLE Change	Addition
STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP	!
TILE Delete TITLE Change	☐ Addition
TREET ADDRESS STREET	
CTTY-ST-ZIP	Addition
NAME STREET ADDRESS STREET ADDRESS	
TTY-ST-ZIP CITY-ST-ZIP	1
ITLE Delete TITLE Change AME \ NAME	1
TREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or managlimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	Addition
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Phone #	information