

L1600000 91161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

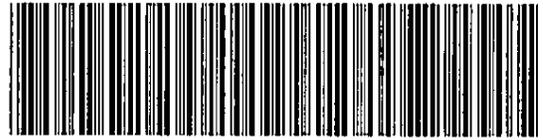
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331998432

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 17 PM 4:17

FILED

JUL 24 2019
C. KINS

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORPAG MANNAGEMENT (BVI) LIMITED	PALM GROVE HOUSE P.O. BOX 438	<input type="checkbox"/> Add
		ROAD TOWN, TOROLA VG111 VG	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE RUIZ FIGUEROA	16001 Collins Avenue, Unit 802	<input checked="" type="checkbox"/> Add
		Miami, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

