CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE Additio Additio Change Additio Change Additio Change Additio Change Additio	200	INU	FORM BUS	NESS REPO	PRT	(UBR)					
DONILAG, INC. Priceping Pass of Business 37-95 CORAL WAY MIANI, FL 33165 A Maling Address Sulfe, Apr. 4: etc. DO NOT WRITE IN THIS SPACE 2. Principal Pass of Business Sulfe, Apr. 4: etc. City & State Apr. 4: etc. City & State DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE A FEI Number Space State	DÖCL	JMENT	# M15971	<u> </u>			_					
Principal Place of Business 37.96 CORAL WAY MI AMI , PL 37.96 CORAL WAY MI AMI , PL 1. Mailing Address SERRETARY DF STATE TALL AHASSEE FLORIDA SERRETARY DF STATE TALL AHASSEE FLORIDA ALL HASSEE FLORIDA SUMO, Apt , etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Liny & State City & State Ci	, · · · · · ·							FILED				
Screek And the second of the purpose of changing its registered digent, or both, in the State of Founda. Signar Again, soil or both or select of the select			· · · · · · · · · · · · · · · · · · ·					01 APR 18 PM 4	# H			
Suite. Apt. #, etc. City & State Address of Couranty Application File Registered Agent T. Name and Address of New Registered Agent Name City File City	9796 CORAL WAY						SECRETARY OF STATE TALLAHASSEE FLORIDA					
City & State Country	2. Principal	Place of Busin	ness		· · ·							
2p	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Signature Signature and address of Current Registered Agent	City & State			City & State		4.			F			
MADELIARINE GALINDO 10988 SW 595th CT. MIAMI, PL 33176 City FL Zip Code 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 General Address (P.O. Box Number is Not Acceptable) 100 Encontrol Agent agent and process agent and size if apokasis (P.O. Box Number is Not Acceptable) 11. Copy FL Zip Code 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. 12. Process (P.O. Box Number is Not Acceptable) 13. This corporation is eligible to satisfy its intangible Tax king requirement and elects to do so. 14. OFFICERS AND DIRECTORS 15. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 15. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 16. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 17. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 18. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elects to do so. 19. Mater MAY 1; 2001 Fee will be 1330.003 for submits and elec	Zip		Country	Zip	Count	try	5. (0		5 Additi	ional
Name Street Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intengible Tax filling requirement and electe to do so. (See critica on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE MAME RAUL GALINDO SIREE ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE MAME RAUL GALINDO SIREE ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE MAME MADELATINE GALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE T T MADELATINE GALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MADELATINE CALINDO SIREE ADDRESS 109.88 SW 59th CT. MIAMI, FL 33176 THE MAME SIREE ADDRESS 109.88 SW 59th CT. THE MAM		6. Name	and Address of Current R	egistered Agent	' 		7. 1	Name and Address of New Reg	pistered .		4000	
Signature	MADDII	* T.V.D. O.	17 71100			Name						
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, lond or prelied rever all migraterial power are titled flagorithms and the presentation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, lond or prelied rever all migraterial power are titled flagorithms and prelied reverse and in the state of Florida. SIGNATURE Signature, lond or prelied rever all migraterial power are titled flagorithms and prelied reverse and in the state of Florida. SIGNATURE Signature, lond or prelied reverse all migraterial powers are titled flagorithms. Signature in a control of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. DATE Signature, lond or prelied reverse all migraterial powers. Signature in a control of the purpose of changing its registered agent, or both, in the State of Florida. DATE Signature, lond or prelied reverse and institution and long its registered agent, or both, in the State of Florida. DATE Signature, lond or prelied reverse and institution and long its registered agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Confrontion and Addition of State. Signature and basis of the State of Florida. 10. Election Campaign Financing Trust Fund Confrontion and Part Funds of State. Add to Florida State of	10988	SW 59	th CT.		Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICE'S AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. Address MAY.1; 2001 Fee will be \$350.00 May be added to fees address to resistent and elects to do so. (See criteria on back) 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS IN 11 INTE PD RAUL GALINDO SIRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TO 10988 SW 59th CT. MIAMI, FL 33176 TO 10	,	, 1.0	33170			City				7:-	0-1-	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and olects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE INTE INTE INTE INTE INTE INTE INTE INAME MADELAINE GALINDO STREET ADDRESS STREET AD	. City								FL	. 210	Code	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and olects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE INTE INTE INTE INTE INTE INTE INTE INAME MADELAINE GALINDO STREET ADDRESS STREET AD	8. The above	e named entity	submits this statement for	the purpose of changing its	registere	ed office or rec	pistered ao	ent, or both, in the State of Florid	da			
9. This corporation is elligible to satisfy its Intangible (See criteria on back) (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Marker MAY 1, 201 Fee will be \$550.00 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. Addition Marker May 1, 201 Fee will be \$550.00 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Election Campaign Financing Trust Fund Contribution. 19. Election Campaign Financing							,					
9. This corporation is elligible to satisfy its Intangible (See criteria on back) (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Marker MAY 1, 201 Fee will be \$550.00 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. Addition Marker May 1, 201 Fee will be \$550.00 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Election Campaign Financing Trust Fund Contribution. 19. Election Campaign Financing	CICNIATURE							•				
Tax filing requirement and elects to do so. (See criteria on back) Make Check Psyable to Depittment of State	SIGNATORIE		or printed name of registered agent and	d title if applicable (NQTE	. Registered	Agent signature re	equired when re-	instating)	DATE			
Tax filing requirement and elects to do so. (See criteria on back) Make Check Psyable to Depittment of State	0 This			Section 1 to the section of the sect	carponal age	n i g ni del knigerijskig.	Contract of the					
Many Change Cha		_	, ,					10. Election Campaign Finan	ncing	. 5	5.00	May Be
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT. PD RAUL GALINDO SIRET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TILE MAME MADELAINE GALINDO 10988 SW 59th CT. MIAMI, FL MAME MADELAINE GALINDO 10988 SW 59th CT. MIAMI, FL MAME MAME MAME MAME MAME MAME MAME MAM				Make Check Pavab	le to De	will be 4000. Därtment of	State	Trust Fund Contribution.				
TITLE PD Change Addition Change Change Change Change Change Change Change Change	11.	·	OFFICERS AND D	<u> </u>			1 1774 44	DITIONS ICHANOSS TO OSSICI	EDC AND	DIREC	TOOCII	N 11
NAME SIREEL ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-Z		PD	OT TOCHO AND D					DITIONS/CHANGES TO OFFICE	ENS AND			
12309 SW 130 STREET STREET ADDRESS 10988 SW 59th CT.		J	SALTNDO	XXperete		= -				L. Cria	nge 🛪	CX ^{ADOMO'}
CITY-ST-ZIP		1		יתי	9	1115						
TITLE NAME MADELAINE GALINDO SIRCET ADDRESS CITY-SI-ZIP MIAMT, FL Delete TITLE NAME MADELAINE GALINDO SIRCET ADDRESS CITY-SI-ZIP MIAMT, FL Delete TITLE NAME SIRCET ADDRESS CITY-SI-ZIP	CITY-ST-ZIP	1) I		~~ I (
NAME SIRET ADDRESS CITY-ST-ZIP MIAMI, FI. Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	+	LP 221/0	77.NS				FL 33176				
SIRET ADDRESS CITY-ST-ZIP MIAMI, FL Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Additin Additin Change Additin		-	TWO CATTWO	₽ Pelete		- 1				L] Cha	nge 🖈	Additio:
CITY-ST-ZIP		1				111						
Delete		!				et. 710 T. U.						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIAMI		MIAMI,	<u>FL</u>		-	MI MI	LAMI,	_FL33176				
STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition Additi		}		☐ Delete						Cha	ige XX	Addition
CITY-ST-ZIP		}	•			11/2						
Delete												
NAME STREET ADDRESS CITY-ST-ZIP					1	M1	LAMI,	FL 331/6 .				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				L_ Delete				വരവാവർ				
CITY-ST-ZIP	STREET ADDRESS			·		TADORESC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						•	- 1017 307 307 307 307 307 307 307 307 307 30	່ນທ			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TOTAL Change Addition Addition	TITLE		_		+			ምም ውጥ 1 ₋ ጋር	2.00			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition	NAME			L Detete						Cnar	≀ge ∟	Additio
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS					ADDRESS		\wedge				
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	CITY-ST-ZIP							1///		\		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE			□ nelete					1xl	4.0		7
STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-S1-ZIP	NAME			CT Delete					XI A	-\(\int_{\cust}\)	iñe [Adoltin
CITY-S1-ZIP CITY-S1-ZIP	STREET ADDRESS	!				ADDRESS		()	Ű	1		
	CITY-ST-ZIP									`	$\overline{}$	
	13. Ithereby c	ertify that the	information supplied with th	is filing does not qualify for t			n Section 1	19.07(3)(i), Florida Statutes. I fur	ther certi	ify that t	he infor	mation

of the corporation or the received or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an audiress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #