1. Entity Nam	DE ESPANA DE LA FLORIDA C re of Business			FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90091 022 ****61.25					1	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State Zip Country		Çity & State	Country		FEI Number S. Certificate	E0-260092/		t Applicable	27 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
BOMANO	6. Name and Address of Current R	•	Name Street Addres	٠ يېږ مو.	Address of New Reg	istered Age	ent	· · · · · ·		
4922 S. ORANGE AVE. ORLANDO FL 32806		:		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 Signature, type of printed purpose of changing its registered office or registered agent, or both, in the state of Florida. O/- O/- DATE NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25					00 May Be Make Check Payable to Department of State					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P KRISTMAN, MARY 3020 TALL TIMBERS DR ORLANDO FL 32812	CTORS Delete		ET ADDRESS ST-ZIP	ADDITIONS/CH/	ANGES TO OFFICERS		CTORS IN Change	10 Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODRICH, MARIA 1220 CAPER ST ORLANDO FL 32802	☐ Delete		ET ADORESS ST-ZIP] Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANO, DONATO 1114 SUMER LAKE LANE ORLANDO FL 32811	Delete	CITY-	T ADDRESS T				Change	Addition	The second secon
NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, MIGUEL 2314 DRIFTWOOD DRIVE FERN PARK FL	☐ Delete	CITY-	T ADDRESS ST-ZIP] Change	Addition	The state of the s
TITLE NAME STREET ADORESS CITY-ST-ZIP	D ROMANO, ERNESTO 4922 S. ORANGE ACE. ORLANDO FL 32806	☐ Delete	CITY-	T ADDRESS ST-ZIP	·] Change	Addition	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD VANDIVIER, MARIA 430 HARBOR POINT BL. ORLANDO FL 32835	☐ Delete	CITY-	T ADDRESS ST-ZIP] Change	☐ Addition	
of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #										

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