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то:	Amendment Section Division of Corporations	
SUBJE(CT:	
DOCU	MENT NUMBER: P200000000469	
		ed Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning the	is matter to the following:
Javier E	Diaz	
Name o	f Contact Person	
Firm/Co 3062 An	ompany nadora Circle	
Address Cape Co	; oral, Fl 33909	
City/Sta	ite and Zip Code jdiaz1023@gmail.com	
E-mail	address: (to be used for future annua	al report notification)
For furtl	her information concerning this matter,	please calt:
Javier E	Diaz	at (
-	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, El. 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, cation organized under the laws of the State of <u>flo</u> ice or registered agent, or both, in the State of Florida.	1 / /	
1. The name of	Javier Enriqu	e Diaz PA		
1. The name of the corporation:				
3. The mailing a	address (if different):	2019 P20000000469		
4. Date of incor	poration/qualification: 12-19-		 	
5. The name and Florida Depa	d street address of the current rtment of State: (If resigned, c	registered agent and registered office on file with the enter resigned)	7021-FFR-	
	Javier E Diaz		-	
	230 NE 17th Pl	SE S		
	Cape Coral, Fl 33909	TATE		
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office		
	Javier E Diaz			
	3062 Amadora Circle			
	Cape Coral, Fl 33909	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its registe	red agent.	
Such change w authorized by t	as authorized by resolution d he board, or the corporation l	luly adopted by its board of directors or by an officer shas been notified in writing of the change.	50	
Ja) { LL	Javier E Diaz, President		
Signati	ire of an officer or director	Printed or typed name and title		
I further dorde	to cominly with the provision	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete pe sept the obligation of my position as registered agent, hange in the registered office address, I hereby confir this change.	rformanc Or, if thi on that the	
Ja:) 5 . L	February 8, 2021		
	gnature of Registered Agent	Date		
Javier E Diaz	chalf of an entity:			
	Typed or Printed Name			
	* * * \$	FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)