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2415 MACNOLIA DRIVE NORTH MIAMI FL 33181 82			nt Registered Agent	81 1	lame	10. Name and Address of New	Registered A	lgent
NORTH MIAMI FL 33181 83 84 City FL 85 Zip Code 11. Pursuant to the prive side of Sections 607 0592 and 607 1508 Florido Statutes the above-homed corporation submits this statement for the prive side of section 507 0592 and 607 1508 Florido Statutes the above-homed corporation submits this statement for the private of changing last registered office or oppositive dispositive of Section 607 0500. To change shallouts SIGNATURE SIGNATURE 12. OF LICES AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 10. Page 1 This 1 Thi				82 5	treet Addr	ress (P.O. Box Number is Not Accept	able)	
11. Pursoant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above-named corporation subwits this statement for the purpose of changing its registered office or registered apend, or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i am immunity with an adverted the obligations of, Section 657,0055, Florida Statutes. SIGNATURE Signature 12 of the provision of the purpose of the purpose of the appointment as registered agent i am immunity and accept the obligations of, Section 657,0055, Florida Statutes. 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE SUAREZ, FRANCISCO 215 MAGNOLIA DR 12 SMEE 13 SMEE ADDRESS SIGNATURE SUAREZ, FRANCISCO 215 MAGNOLIA DR 13 SMEE ADDRESS 13 SMEE ADDRESS 14 SMACON STATE 14 STD 15 STD 16 STD 17 ST 29 16 STD 17 ST 29 17 ST 29 18 STD 18 SUAREZ, OLGALY 22 SMEE ADDRESS CITY ST 29 18 STD 19 SUAREZ, OLGALY 23 SMEE ADDRESS 2415 MAGNOLIA DRIVE 23 SMEE ADDRESS 33 SMEE ADDRESS 33 SMEE ADDRESS 33 SMEE ADDRESS 33 SMEE ADDRESS 34 CITY ST 29 18 STD 18 STD 18 STD 19 STD 19 ST 18 ST 29 18 ST 29 SMEE ADDRESS 34 CITY ST 29 18 ST 29 SMEE ADDRESS CITY ST 29 18 ST 29 SMEE ADDRESS CITY ST 29 18 SMEE ADDRESS CITY ST 29 CI				83				
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further cert by that the information indicated on this annual report or suppremental annual report is true and accurate and that nily signature, shall have the same legal effect as if made under oath, that I are an officer or director of the corporation or highereners or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SUAREZ, FRANCISCO 2415 MAGNOLIA DR N MIAMI FL 33181 STD SUAREZ, OLGALY 2415 MAGNOLIA DRIVE	DELETE DELETE DELETE	11 TITLE 12 NAME 13 STREET AD 14 CITY - ST - Z 21 TITLE 22 NAME 23 STREET AD 24 CITY - ST 33 STREET AD 34 CITY - ST 41 TITLE 42 NAME 43 STREET AD 44 CITY - ST - Z 51 TITLE 52 NAME 53 STREET AD 54 CITY - ST - Z 61 TITLE 62 NAME	IP ORESS ORESS ORESS ORESS ORESS IP		FICERS AND	Change Addition Change Addition Change Addition Change Addition Change Addition
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