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SIGNATURE US City MIAMI FL Zip Code S1822	12280 NW 7		·	-	MARCELA D Street Addres	ELGADO					
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** **PRICE NOW!!!** FEE:**\$ \$150,000			FL								
SIGNATURE MARCELA DELICADO Sprawa. typor or prison runs of implicative agents and life it application. (NOTE Registroned Agent signature required when relocation): 9. This corporation is elligible to satisfy its intangible. Text filting requirement and elects to do so. 10. Affect MAY 1, 2001 Fee will be \$550.00 to \$100 per filter of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VS.D DELIGADO, MARCELA SIREET ADDRESS OITY-ST-2P TITLE MAKE SIREET ADDRESS OITY-ST-2P TITLE SIREET ADDRESS OITY-ST-2P TITLE MAY CIRCUMITY between the information of the componential report is true and accurate and the introduction of this report or supplier with the information or director of the componential report is true and accurate and the introduction of this report or supplier and the introduc	33182	US						FL		e	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: MARCELA DELGADO VSD 04/26/2001	NAME STREET ADDRESS		☐ Delete	NAM8 STREE	E ET ADDRESS] Change	Addition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT	UIL		OR DIRECT	OR	V	SD 04/26/2001 Date	Davtir	ne Phone #		