Entity Name	-	SA DE ORAC	ION INC.	Apr 25, 2018 Secretary of State CC8577729384
Current Mai	ling Address:			
315 NORTH LAKE WOR	A ST FH, FL 33460 US			
FEI Number: 65-1154317 Certificate of Status D			Status Desired: No	
Name and A	Address of Current Registered Agent:			
VIAJESERVI U 454 NW 22 AVI 205 MIAMI, FL 331	Ξ			
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both,	in the State of Florida.
	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both,	in the State of Florida. 04/25/2018
		tered office or regis	tered agent, or both,	
	E: MARTHA UCANAN Electronic Signature of Registered Agent	tered office or regis	tered agent, or both,	04/25/2018
SIGNATURE	E: MARTHA UCANAN Electronic Signature of Registered Agent	tered office or regis	tered agent, or both,	04/25/2018
SIGNATURE Officer/Dire	MARTHA UCANAN Electronic Signature of Registered Agent ctor Detail :			04/25/2018 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : P	Title	т	04/25/2018 Date
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P GOMEZ, ANDRES 1734 SUNSET AVENUE	Title Name	T MARTINEZ, RO 2833 NE 4 STRI	04/25/2018 Date BERTO EET
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P GOMEZ, ANDRES 1734 SUNSET AVENUE	Title Name Address	T MARTINEZ, RO 2833 NE 4 STRI	04/25/2018 Date BERTO EET
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P GOMEZ, ANDRES 1734 SUNSET AVENUE LAKE WORTH FL 33460	Title Name Address City-State-Zip:	T MARTINEZ, RO 2833 NE 4 STRI BOYTON BEAC	04/25/2018 Date BERTO EET H FL 33435

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRES GOMEZ

City-State-Zip: LANTANA FL 33462

PRESIDENT

City-State-Zip: LAKE WORTH FL 33460

04/25/2018

FILED

Electronic Signature of Signing Officer/Director Detail