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

PRESIDENT

above, or on an attachment with all other like empowered.

SIGNATURE: PEGGY ELIMELECH

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

#### **Officer/Director Detail :**

Title	D,P	Title	D	
Name	ELIMELECH, PEGGY	Name	POSNER, IRA	
Address	594 NE 199 TERRACE	Address	3975 SW 58 STREET	
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	FT LAUDERDALE FL 33312	
Title	D			
Name	STAHL, DIANNE			
Address	2510 CHERRYWOOD HILL DR APT 113			
City-State-Zip:	BRANDON FL 33511			

**Current Mailing Address: 594 NE 199 TERRACE** MIAMI. FL 33179

594 NE 199 TERRACE MIAMI, FL 33179

# FEI Number: 26-4677343

DOCUMENT# N09000001796

## Name and Address of Current Registered Agent:

Entity Name: MACHOL MIAMI CORPORATION

**Current Principal Place of Business:** 

ELIMELECH, PEGGY 594 NE 199 TERRACE MIAMI, FL 33179 US

### FILED Mar 28, 2016 Secretary of State CC6327185851

Certificate of Status Desired: No

Date

03/28/2016 Date