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: PEGGY ELIMELECH

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent Officer/Director Detail Title Name Addre City-S Title Name

Officer/Dire	ctor 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		

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.

Name and Address of Current Registered Agent:

Current Mailing Address:

594 NE 199 TERRACE MIAMI, FL 33179

594 NE 199 TERRACE

ELIMELECH, PEGGY

594 NE 199 TERRACE MIAMI, FL 33179 US

SIGNATURE:

MIAMI. FL 33179

FEI Number: 26-4677343

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001796 Entity Name: MACHOL MIAMI CORPORATION

Current Principal Place of Business:

FILED Apr 11, 2023 Secretary of State 6632445875CC

Certificate of Status Desired: No

04/11/2023 Date

Date

PRESIDENT