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.

TREASURER

SIGNATURE: JUDY GARCIA

Electronic Signature of Signing Officer/Director Detail

Of

Officer/Director Detail :				
Title	P	Title	VP,T	
Name	SANCHEZ, CARLOS A	Name	SANCHEZ, CILY	
Address	14752 SW 297 TE	Address	14752 SW 297 TE	
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033	
Title	т			
Name	GARCIA, JUDY			
Address	835 NW 6TH ST.			
City-State-Zip:	HOMESTEAD FL 33030			

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.

FEI Number: 26-4699669

DOCUMENT# N0900003813

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HOMESTEAD, FL 33030

835 NW 6TH ST

SIGNATURE:

230 NORTH KROME AVENUE HOMESTEAD, FL 33030

Current Mailing Address:

SANCHEZ, CARLOS A 14752 SW 297 TE HOMESTEAD, FL 33033 US

Entity Name: CENTRO AVIVAMIENTO PODER DE DIOS INC

FILED Feb 10, 2021 Secretary of State 6501628640CC

Certificate of Status Desired: Yes

02/10/2021

Date

Date