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.

TREASURE

SIGNATURE: JUDY GARCIA

Electronic Signature of Signing Officer/Director Detail

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.

Electronic Signature of Registered Agent

SIGNATURE:

## Officer/Director Detail

Officer/Director Detail :					
	Title	Ρ	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			
	THE	1			
	Name	GARCIA, JUDY			
	Address	835 NW 6TH ST.			
	City-State-Zip:	HOMESTEAD FL 33030			

## FEI Number: 26-4699669

DOCUMENT# N0900003813

426 NORTH KROME AVENUE HOMESTEAD, FL 33030

**Current Mailing Address:** 

HOMESTEAD, FL 33030

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

835 NW 6TH ST

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

Entity Name: CENTRO AVIVAMIENTO PODER DE DIOS INC

## FILED Jan 27, 2020 Secretary of State 5000820335CC

Certificate of Status Desired: Yes

01/27/2020

Date

Date