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.

PRESIDENTE

SIGNATURE: CARLOS PINTO SANCHEZ

Electronic Signature of Signing Officer/Director Detail

#### 1 - 11 - --------

Officer/Director Detail :			
Title	т	Title	Ρ
Name	COLON, ROSEMARIE	Name	PINTO SANCHEZ, CARLOS
Address	2938 N SALFORD BLVD	Address	4794 FLAMLAU AVE
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	N PORT FL 34237
Title	PV	Title	S
Name	ORTIZ, NORMA	Name	HERMIDA, NELLY
Address	4794 FLAMLAU AVE	Address	340 PEARY DR
City-State-Zip:	NORTH PORT FL 34237	City-State-Zip:	VENICE FL 34293

### 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. SIGNATURE:

NORTH PORT, FL 34287 US

Electronic Signature of Registered Agent

#### **Current Principal Place of Business:** 119 TAMIAMI TR STE A & B PORT CHARLOTTE, FL 33953

DOCUMENT# N11000001212

## **Current Mailing Address:**

4794 FLAMLAU AVE NORTH PORT, FL 34237 US

## FEI Number: 27-5209994

# Name and Address of Current Registered Agent:

Entity Name: IGLESIA EVANGELICA EL SHADDAI INC.

ORTIZ, NORMA V P 4794 FLAMLAU AVE

# Certificate of Status Desired: Yes

2613108459CC

Date

01/21/2022 Date