DOCUMENT# N11000010011 Entity Name: LIGA DE FUTBOL (SOCCER) METALES JACKSONVILLE INC			INC Secretar	2, 2018 ry of State
•	ncipal Place of Business:		CC943	6568944
Current Mai	ling Address:			
4003 SKYCI JACKSONV	REST DR ILLE, FL 32246 US			
FEI Number: 82-1535968		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
LEON, SALVAE 4003 SKYCRES JACKSONVILL				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	Florida.
	d entity submits this statement for the purpose of changing its reg E: WILFREDO VARGAS	istered office or regis	tered agent, or both, in the State of F	Florida. 03/02/2018
		istered office or regis	tered agent, or both, in the State of F	
	E: WILFREDO VARGAS Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	03/02/2018
SIGNATURE	E: WILFREDO VARGAS Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	03/02/2018
SIGNATURE Officer/Dire	WILFREDO VARGAS Electronic Signature of Registered Agent ctor Detail :			03/02/2018
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	03/02/2018
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P SALVADOR, LEON 4003 SKYCREST DR	Title Name	VP TORRES, GRACIELA 4003 SKYCREST DR	03/02/2018
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P SALVADOR, LEON 4003 SKYCREST DR	Title Name Address	VP TORRES, GRACIELA 4003 SKYCREST DR	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P SALVADOR, LEON 4003 SKYCREST DR JACKSONVILLE FL 32246	Title Name Address	VP TORRES, GRACIELA 4003 SKYCREST DR	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: WILFREDO VARGAS Electronic Signature of Registered Agent Ctor Detail : P SALVADOR, LEON 4003 SKYCREST DR JACKSONVILLE FL 32246 S	Title Name Address	VP TORRES, GRACIELA 4003 SKYCREST DR	03/02/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : P SALVADOR, LEON 4003 SKYCREST DR JACKSONVILLE FL 32246 S LEON, CESAR U	Title Name Address	VP TORRES, GRACIELA 4003 SKYCREST DR	03/02/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: SALVADOR LEON TORRES

PRESIDENT

03/02/2018

FILED Mar 02, 2018

Electronic Signature of Signing Officer/Director Detail