| 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: ANTONIO FERNANDEZ

I

Electronic Signature of Signing Officer/Director Detail

BAREK, JUAN DR. 5529 NW N LUNDY CIRCLE PORT ST LUCIE, FL 34986 US

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 | : JUAN BAREK | | | 02/23/2019 | |
|---------------------------|--|-----------------|------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | VP | Title | PRESIDENT | | |
| Name | PULIDO, JASON | Name | BAREK, JUAN DR. | | |
| Address | 6623 NW 173 LANE | Address | 5529 NW N LUNDY CIRCLE | | |
| City-State-Zip: | MIAMI FL 33015 | City-State-Zip: | PORT ST LUCIE FL 34986 | | |
| Title | TREASURER | Title | SECRETARY | | |
| Name | FERNANDEZ, ANTONIO | Name | BAREK, SARAH DR. | | |
| Address | 14440 GLENCAIRN RD | Address | 5529 NW N LUNDY CIRCLE | | |
| City-State-Zip: | MIAMI LAKES FL 33016 | City-State-Zip: | PORT ST LUCIE FL 34986 | | |

Certificate of Status Desired: Yes

FILED Feb 23, 2019 Secretary of State 1062039558CR

DOCUMENT# N12000002988

Entity Name: HIALEAH MIAMI LAKES REPUBLICAN CLUB, INC.

Current Principal Place of Business:

5529 NW N LUNDY CIRCLE PORT ST LUCIE, FL 34986

Current Mailing Address:

P.O. BOX 521494 MIAMI, FL 33152 US

FEI Number: 45-5489846

Name and Address of Current Registered Agent:

TREASURER

02/23/2019 Date