#### 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. 04/30/2023 PRESIDENT

#### SIGNATURE: ROSANGELA DE MORAIS

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N14000005365

## Entity Name: 3 UNI FOR ORPHANS CORPORATION

## **Current Principal Place of Business:**

3712 NW SOUTH RIVER DRIVE MIAMI, FL 33142

## **Current Mailing Address:**

3712 NW SOUTH RIVER DRIVE MIAMI, FL 33142 US

## FEI Number: 47-1900397

# Name and Address of Current Registered Agent:

DE MORAIS, ROSANGELA 3712 NW SOUTH RIVER DRIVE MIAMI, FL 33142 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	E: ROSANGELA DE MORAIS			04/30/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	DE MORAIS, ROSANGELA	Name	GUIMARAES, BEATRIZ	
Address	3712 NW SOUTH RIVER DRIVE	Address	3712 NW SOUTH RIVER DRIVE	E
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142	
Title	VP	Title	TREASURER	
Name	BAPTISTA, VANESSA	Name	LISBOA, LUANA	
Address	3712 NW SOUTH RIVER DRIVE	Address	3712 NW SOUTH RIVER DRIVE	E
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142	

Certificate of Status Desired: No

#### FILED Apr 30, 2023 Secretary of State 3774004825CC

Date