| I hereby certify that the information indicated on this report or supplemental report is true and acc | urate 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 exe | ecute this report as required by Chapter 607, Flo | rida Statutes; and that my name appears |
| above, or on an attachment with all other like empowered. | | |
| SIGNATURE ANTHONY ODEN | VP | 03/12/2021 |

SIGNATURE: ANTHONY ODEN

Electronic Signature of Signing Officer/Director Detail

ODEN, MARIA LUISA

6131 S.W. 5 STREET MARGATE, FL 33068 US

SIGNATURE:

Officer/D

| Title | P | Title | VP |
|-----------------|-------------------|-----------------|--------------------|
| Name | ODEN, MARIA-LUISA | Name | ODEN, ANTHONY L |
| Address | 6131 SW 5 ST. | Address | 6131 S.W. 5 STREET |
| City-State-Zip: | MARGATE FL 33068 | City-State-Zip: | MARGATE FL 33068 |

| | • | | | | |
|-------------------|--|-------|-----------------|--|--|
| | Electronic Signature of Registered Agent | | | | |
| Director Detail : | | | | | |
| | Ρ | Title | VP | | |
| | ODEN, MARIA-LUISA | Name | ODEN, ANTHONY L | | |

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.

3652 NW 36 STREET

3652 NW 36 STREET

Current Principal Place of Business:

MIAMI, FL 33142

Current Mailing Address:

MIAMI. FL 33142

FEI Number: 65-0199657

Name and Address of Current Registered Agent:

DOCUMENT# L44194

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: 36TH STREET INSURANCE AGENCY, INCORPORATED

Secretary of State 7513366334CC

FILED Mar 12, 2021

Certificate of Status Desired: Yes

Date

Date