above, or on an attachment with all other like empowered. SIGNATURE: LUIS NECUZE

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020129

Entity Name: LUIS NECUZE INSURANCE AGENCY, INC.

Current Principal Place of Business:

8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351

Current Mailing Address:

8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351 US

FEI Number: 65-0984931

Name and Address of Current Registered Agent:

NECUZE, LUIS A 8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	S
Name	NECUZE, LUIS A	Name	NECUZE, ANA M
Address	8290 SW 40TH STREET, SUITE 106	Address	2600 SEGOVIA STREET
City-State-Zin	MIAMI FL 33155		APT 702
City-State-Zip.		City-State-Zip:	CORAL GABLES FL 33134

PRESIDENT	01/16/2018

FILED Jan 16, 2018 Secretary of State CC3205853511

Certificate of Status Desired: No

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 607, Florida Statutes; and that my name appears

Date

Date