| FEI Number: 59-3734410<br>Name and Address of Current Registered Agent:  |  |                 | Certificate of Status Desi | red: No    |
|--|--|-----------------|----------------------------|------------|
| LOPEZ, MARY<br>1445 BROOKS LANE<br>ORLANDO, FL 32765 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  | : MARY LOPEZ                             |                 |                            | 02/11/2022 |
|  | Electronic Signature of Registered Agent |                 |                            | Date       |
| Officer/Director Detail :  |  |                 |                            |            |
| Title  | PRESIDENT                                | Title           | Р                          |            |
| Name   | LOPEZ, MARY                              | Name            | LOPEZ, MARY                |            |
| Address  | 1445 BROOKS LANE                         | Address         | 1445 BROOKS LANE           |            |
| City-State-Zip:  | OVIEDO FL 32765                          | City-State-Zip: | OVIEDO FL 32765            |            |
| Title  | VIS PRESIDENT                            |                 |                            |            |
| Name   | LOPEZ, FERNANDO                          |                 |                            |            |
| Address  | 1445 BROOKS LANE                         |                 |                            |            |
| City-State-Zip:  | OVIEDO FL 32765                          |                 |                            |            |

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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: MARY LOPEZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: POVISIL ENTERPRISES, INC.

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

1445 BROOKS LANE OVIEDO, FL 32765

#### **Current Mailing Address:**

1445 BROOKS LANE **OVIEDO, FL 32765** 

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# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2022 **Secretary of State** 5636270887CC

02/11/2022

Date