SIGNATURE: FERNANDO CAMPBELL

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

Electronic Signature of Signing Officer/Director Detail

D

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0100080525

Entity Name: 17149 CORPORATION

Current Principal Place of Business:

155 OCEAN LANE DRIVE, #1105 KEY BISCAYNE, FL 33148

Current Mailing Address:

1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33149

FEI Number: 65-1131670

Name and Address of Current Registered Agent:

ALVARO CASTILLO B P A 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131 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:

Officer/Director Detail :

| Title | D | Title | D |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | MANCINI DE CAMPBELL, LAURA | Name | CAMPBELL, FERNANDO |
| Address | 155 OCEAN LANE DRIVE, #1105 | Address | 155 OCEAN LANE DRIVE, #1105 |
| City-State-Zip: | KEY BISCAYNE FL 33149 | City-State-Zip: | KEY BISCAYNE FL 33149 |
| | | | |
| Title | S | Title | D |
| Name | CASTILLO, ALVARO | Name | CAMPBELL, ALEJANDRA |
| Address | 1390 BRICKELL AVENUE #200 | Address | 1390 BRICKELL AVE SUITE 200 |
| City-State-Zip: | | City-State-Zip: | MIAMI FL 33131 |

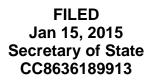
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

Electronic Signature of Registered Agent

Certificate of Status Desired: No

01/15/2015

Date



Date