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.

SIGNATURE: VICTORIA GONZALEZ ROATTA	

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P02000027821

Entity Name: VICTORIA GONZALEZ ROATTA, PSY.D., P.A.

Current Principal Place of Business:

1430 SOUTH DIXIE HWY 316B CORAL GABLES, FL 33146

## Current Mailing Address:

9301 SW 69 AVENUE MIAMI, FL 33156

## FEI Number: 01-0669530

## Name and Address of Current Registered Agent:

GONZALEZ ROATTA, VICTORIA PA 1430 SOUTH DIXIE HWY 316B CORAL GABLES, FL 33146 US Certificate of Status Desired: No

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
 Date

 Officer/Director Detail :
 Title

 Title
 DR.

Title	DR.	Title	MR.
Name	GONZALEZ ROATTA, VICTORIA	Name	ROATTA, JEAN-PAUL
Address	1430 SOUTH DIXIE HWY 316B	Address	1430 SOUTH DIXIE HWY 316B
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146

nation 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

OWNER

01/21/2021

FILED Jan 21, 2021 Secretary of State 5378149869CC

Date