Electronic Signature of Registered Agent Date Officer/Director Detail : Title P Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY	981 NE 79 STR MIAMI, FL 331			CC3924554243
MIAMI, FL 33138 Certificate of Status Desired: No Name and Address of Current Registered Agent: Certificate of Status Desired: No LINDE, MICHAEL CMA CMA 18725 NE 18 AVE MIAMI, FL 33179 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: MICHAEL LINDE 04/13/20 Electronic Signature of Registered Agent Date Officer/Director Detail : Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY	Current Mai	ling Address:		
Name and Address of Current Registered Agent: LINDE, MICHAEL CMA 18725 NE 18 AVE MIAMI, FL 33179 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: MICHAEL LINDE 04/13/20 Electronic Signature of Registered Agent Date Officer/Director Detail : Title P Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY				
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18725 NE 18 AVE MIAMI, FL 33179 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: MICHAEL LINDE 04/13/20 Electronic Signature of Registered Agent Date Officer/Director Detail : Title P Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY	Name and A	Address of Current Registered Agent:		
SIGNATURE: MICHAEL LINDE 04/13/20 Electronic Signature of Registered Agent Date Officer/Director Detail : Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY	18725 NE 18 A	VE		
Electronic Signature of Registered Agent Date Officer/Director Detail : Title P Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY	The above name	d entity submits this statement for the purpose of changing	its registered office or regis	
Officer/Director Detail : Title P Title VPTS Name VALDES, PEDRO F Name MORANA, AMILLY			na registereu onice or regis	tered agent, or both, in the State of Florida.
TitleVPTSNameVALDES, PEDRO FNameMORANA, AMILLY	SIGNATURE		ns registered once of regis	tered agent, or both, in the State of Florida. 04/13/201
Name VALDES, PEDRO F Name MORANA, AMILLY	SIGNATURE	E: MICHAEL LINDE		04/13/201
		E: MICHAEL LINDE Electronic Signature of Registered Agent		04/13/201
	Officer/Dire	MICHAEL LINDE Electronic Signature of Registered Agent ctor Detail :		04/13/201 Date
Address 1900 NE 119 RD Address 1680 MICHIGAN AVENUE - SUITE 1022	Officer/Dire	E: MICHAEL LINDE Electronic Signature of Registered Agent Ctor Detail : P	Title	04/13/201 Date
City-State-Zip: NORTH MIAMI FL 33181 City-State-Zip: MIAMI BEACH FL 33139	Officer/Dire Title Name	EIECTRONIC SIGNATURE OF REGISTERED Agent CTOR Detail : P VALDES, PEDRO F	Title Name	04/13/201 Date VPTS MORANA, AMILLY
	Officer/Dire Title Name Address	EIECTRONIC Signature of Registered Agent Ctor Detail : P VALDES, PEDRO F 1900 NE 119 RD	Title Name Address	04/13/201 Date VPTS MORANA, AMILLY 1680 MICHIGAN AVENUE - SUITE 1022

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.

Ρ

SIGNATURE: PEDRO VALDES

Electronic Signature of Signing Officer/Director Detail

Date

04/13/2013

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062099

Entity Name: SOUTHEASTERN CONSTRUCTION GROUP, INC.