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. 04/29/2016 DR AND COMPANY

PRESIDENT

SIGNATURE: SOLEDAD ARGUELLES-BORGE

Electronic Signature of Signing Officer/Director Detail

Entity Name: ARGUELLES PSYCHOLOGICAL & CONSULTING SERVICES, INC.

Current Principal Place of Business:

3410 SW 13 ST MIAMI, FL 33145

Current Mailing Address:

3410 SW 13 ST MIAMI, FL 33145

FEI Number: 14-1857676

Name and Address of Current Registered Agent:

DAIRE, SANDRA A 10213 SW 2ND ST. MIAMI, FL 33174 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 DR Name ARGUELLES, SOLEDAD Address 3410 SW 13 ST City-State-Zip: MIAMI FL 33145

FILED Apr 29, 2016 Secretary of State CC3701268870

Certificate of Status Desired: No

Date