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	PD	Title	D
Name	SALDIVIA, ORLANDO M	Name	PENALVER, LUISA
Address	1600 PONCE DE LEON BLVD SUITE 1009	Address	1600 PONCE DE LEON BLVD SUITE 1009
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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.

D

SIGNATURE: LUISA PENALVER

Electronic Signature of Signing Officer/Director Detail

Entity Name: CORPOS GROUP, INC. **Current Principal Place of Business:**

1600 PONCE DE LEON BLVD. 10TH FLOOR **SUITE 1009** CORAL GABLES, FL 33134

Current Mailing Address:

1600 PONCE DE LEON BLVD. 10TH FLOOR **SUITE 1009** CORAL GABLES, FL 33134

FEI Number: 06-1825819

Name and Address of Current Registered Agent:

SALDIVIA, ORLANDO M 1600 PONCE DE LEON BLVD. 10TH FLOOR **SUITE 1009** CORAL GABLES, FL 33134 US

Certificate of Status Desired: No

Date

01/19/2018