Electronic Signature of Signing Officer/Director Detail

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: MICHAEL ARRUDA

)	Р	Title	VP
ne	ARRUDA, MICHAEL	Name	ARRUDA, THERESA
ress	214 FOREST BREEZE AVE	Address	214 FOREST BREEZE AVE
-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

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.

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail : Title Nam Addr City-

Name and Address of Current Registered Agent:

3520 BROOK CROSSING DR BRANDON, FL 33511

Entity Name: MICHAEL ARRUDA, P.A.

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# P08000085379

3520 BROOK CROSSING DR BRANDON, FL 33511 US

FEI Number: 26-3379778

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

ARRUDA, MICHAEL 3520 BROOK CROSSING DR BRANDON, FL 33511 US

Date

Certificate of Status Desired: No

04/12/2021