| I hereby certify that the information indicated on this report or supplemental report is true and a<br>oath; that I am an officer or director of the corporation or the receiver or trustee empowered to<br>above, or on an attachment with all other like empowered. |          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| SIGNATURE: LUISA M RAMOS-CARRERA                                                                                                                                                                                                                                      | DIRECTOR | 03/15/2018 |

DOCUMENT# P12000034234

Entity Name: LUISA RAMOS INC

## **Current Principal Place of Business:**

8970 WEST FLAGLER STREET 112 MIAMI, FL 33174

## **Current Mailing Address:**

8970 WEST FLAGLER STREET 112 MIAMI, FL 33174

## FEI Number: 45-5012010

## Name and Address of Current Registered Agent:

RAMOS, LUISA M 8970 WEST FLAGLER STREET 112 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                 | LUISA M. RAMOS                           |                 |                                 | )3/15/2018 |  |  |
|---------------------------|------------------------------------------|-----------------|---------------------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                                 | Date       |  |  |
| Officer/Director Detail : |                                          |                 |                                 |            |  |  |
| Title                     | Р                                        | Title           | AUTHORIZED REPRESENTATIVE       | 1          |  |  |
| Name                      | RAMOS, LUISA M                           | Name            | RAMOS-CARRERA, ISABEL           |            |  |  |
| Address                   | 8970 WEST FLAGLER STREET<br>112          | Address         | 8970 WEST FLAGLER STREET<br>112 |            |  |  |
| City-State-Zip:           | MIAMI FL 33174                           | City-State-Zip: | MIAMI FL 33174                  |            |  |  |

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date