#### above, or on an attachment with all other like empowered. VICE PRESIDENT SIGNATURE: LETICIA MOSCHELLA

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000067514

Entity Name: 4119 PONCE DE LEON, INC.

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

11077 BISCAYNE BLVD SUITE 211 MIAMI, FL 33161

## **Current Mailing Address:**

11077 BISCAYNE BLVD SUITE 211 MIAMI, FL 33161 US

### FEI Number: 42-1777046

# Name and Address of Current Registered Agent:

NICOLA, BRANCIFORTE 11077 BISCAYNE BLVD SUITE 211 MIAMI, FL 33161 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	NICOLA BRANCIFORTE			04/04/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	MANAGER	Title	VP	
Name	BRANCIFORTE, NICOLA	Name	MOSCHELLA, LETICIA	
Address	11077 BISCAYNE BLVD SUITE 211	Address	11077 BISCAYNE BLVD SUITE 211	
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161	
Title	PRESIDENT			
Name	MOSCHELLA, CARMELO			
Address	11077 BISCAYNE BOULEVARD STE 211			
City-State-Zip:	MIAMI FL 33161			

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

### FILED Apr 04, 2024 Secretary of State 9478865570CC

Certificate of Status Desired: No

04/04/2024 Date