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.

PST

SIGNATURE:	JUSTEN R	NOVALES

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	OUNER	Title	PRESIDENT	
Name	NOVALES, RAUL P OUNER	Name	NOVALES, JUSTEN ROALD PST	
Address	1890 W 4TH AVE	Address	1890 WEST 4TH AVE	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	
T:41-		Title	COO	
Title	VP	The	000	
Name	NOVALES, ROALD VP	Name	NOVALES, EILEEN COO	
Address	1890 WEST 4TH AVE	Address	1890 WEST 4TH AVE	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	

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.

Name and Address of Current Registered Agent:

NOVALES, RAUL P 1890 WEST 4TH AVE HIALEAH, FL 33010 US

SIGNATURE:

1890 WEST 4TH AVE HIALEAH, FL 33010 US

FORT LAUDERDALE, FL 33309

DOCUMENT# P15000023977

Entity Name: SOUTH FLORIDA APPLIANCE #5, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5600 NW 12TH AVE SUITE 301&302

Current Mailing Address:

FEI Number: 47-3452291

Certificate of Status Desired: No

Date



Date

FILED Jan 15, 2019 Secretary of State 5944374127CC