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

DOCUMENT# P15000023977

Entity Name: SOUTH FLORIDA APPLIANCE #5, INC.

Current Principal Place of Business:

6781 NW 17TH AVE FORT LAUDERDALE, FL 33309

Current Mailing Address:

1890 WEST 4TH AVE HIALEAH, FL 33010 US

FEI Number: 47-3452291

Name and Address of Current Registered Agent:

NOVALES, JUSTEN 1890 WEST 4TH AVE HIALEAH, FL 33010 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	E: JUSTEN NOVALES			02/09/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PST	Title	VPST	
Name	NOVALES, JUSTEN ROALD	Name	NOVALES, ROALD	
Address	1890 WEST 4TH AVE	Address	1890 WEST 4TH AVE	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	
Title	C00	Title	D	
Name	NOVALES, EILEEN	Name	NOVALES, JACOB ROALD	
Address	1890 WEST 4TH AVE	Address	1890 WEST 4TH AVE	
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010	
Title	D			
Name	NOVALES, JULIAN ROALD			
Address	1890 WEST 4TH AVE			
City-State-Zip:	HIALEAH FL 33010			

02/09/2024

FILED Feb 09, 2024 Secretary of State 9665432917CC

Certificate of Status Desired: No

Date