Certificate of Status Desired: No	
e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	

Nar LOA 8629 ORL

Date Electronic Signature of Registered Agent **Officer/Director Detail :** Р Title VP Title Name LOAIZA FIGUEROA, GLORIA P Name GARCIA, NELSON Address 8629 GREAT COVE DR Address 8629 GREAT COVE DR City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

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: LOAIZA FIGUEROA, GLORIA, P

MBR

04/25/2018

DOCUMENT# P15000098787

Entity Name: GLORIA PATRICIA LOAIZA FIGUEROA, P.A.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

SIGNATURE: GLORIA LOAIZA FIGUEROA

8629 GREAT COVE DR ORLANDO, FL 32819

Current Mailing Address:

8629 GREAT COVE DR ORLANDO, FL 32819 US

FEI

The

FILED Apr 25, 2018 Secretary of State CC4280725592

04/25/2018

Electronic Signature of Signing Officer/Director Detail