# 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

#### SIGNATURE: SIMONE PFEIL

Electronic Signature of Signing Officer/Director Detail

Entity Name: MATHORSI BUSINESS CORPORATION

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

1110 SW 28TH STREET CAPE CORAL, FL 33914

#### **Current Mailing Address:**

1110 SW 28TH STREET CAPE CORAL, FL 33914 US

## FEI Number: 83-1235885

## Name and Address of Current Registered Agent:

BEST FLORIDA CONSULTING LLC 1110 SW 28TH STREET CAPE CORAL, FL 33914 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:

#### Officer/Dir

Title	P, S	Title	VP, T
Name	PFEIL, SIMONE	Name	PFEIL, MANFRED
Address	LORENZ-GOERTZ-STR.5	Address	LORENZ-GOERTZ-STR.5
City-State-Zip:	WILLSTAETT BW 77731	City-State-Zip:	WILLSTAETT BW 77731

	Electronic Signature of Registered Agent			
irector Detail :				
	P, S	Title	VP, T	
l	PFEIL, SIMONE	Name	PFEIL, MANFRED	
l	LORENZ-GOERTZ-STR.5	Address	LORENZ-GOERTZ-STR.5	

above, or on an attachment with all other like empowered. 01/06/2019 PRESIDENT

FILED Jan 06, 2019 Secretary of State 6069374702CC

Certificate of Status Desired: No

Date

Date