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: PAULO SEGARRA PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

SUITE 347 MIAMI, FL 33126 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: PAULO SEGARRA Electronic Signature of Registered Agent

Officar/Director Dotail

Officer/Director Detail :			
Title	PRESIDENT	Title	SECRETARY
Name	SEGARRA, PAULO	Name	OJEDA, PEGGY
Address	782 NW 42ND AVE SUITE 347	Address	9439 SW 186TH STREET 347
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	CUTLER BAY FL 33157

DOCUMENT# P18000080315

Current Principal Place of Business:

SUITE 347 MIAMI, FL 33126 US

Name and Address of Current Registered Agent:

MIAMI, FL 33126 **Current Mailing Address:**

782 NW 42ND AVE SUITE 347

782 NW 42ND AVE

FEI Number: 83-2033702

PS BUSINESS SOLUTIONS 782 NW 42ND AVE

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Entity Name: PS INSURANCE SOLUTIONS GROUP, INC

FILED Oct 17, 2022 Secretary of State 3882135672CC

Certificate of Status Desired: No

10/17/2022

10/17/2022

Date