#### 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. 01/26/2021 SIGNATURE: JASMARIE ROSA PRESIDENT

DOCUMENT# P18000098977

Entity Name: COQUI SISTER'S CAFE & CO.

# **Current Principal Place of Business:**

1878 PROVIDENCE BLVD. L,M,N DELTONA, FL 32725

## **Current Mailing Address:**

3125 HOLIDAY STREET DELTONA, FL 32738 US

## FEI Number: 83-3696184

# Name and Address of Current Registered Agent:

ROSA, JASMARIE 3125 HOLIDAY STREET DELTONA, FL 32738 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.

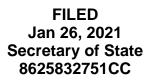
#### SIGNATURE:

## **Officer/Director Detail :**

Title	Р	Title	VP
Name	ROSA, JASMARIE	Name	ROSA, BRENDA S
Address	3125 HOLIDAY STREET	Address	3125 HOLIDAY STREET
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738

Electronic Signature of Registered Agent

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: Yes

Date