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. 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

SIGNATURE: DENISLEYDIS DENIS

Entity Name: ESPERANZA CARE CENTER, CORP **Current Principal Place of Business:**

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

12968 SW 133RD CT UNIT 35 MIAMI, FL 33186

Current Mailing Address:

DOCUMENT# P20000094193

12968 SW 133RD CT **UNIT 35** MIAMI, FL 33186 US

FEI Number: 85-4216201

Name and Address of Current Registered Agent:

DENIS, DENISLEYDIS 12968 SW 133RD CT UNIT 35 MIAMI, FL 33186 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	VP
Name	VALDES, YUDASKI	Name	DENIS, DENISLEYDIS
Address	12968 SW 133RD CT UNIT 35	Address	12968 SW 133RD CT UNIT 35
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

Electronic Signature of Signing Officer/Director Detail

FILED Jan 16, 2021 Secretary of State 6384096836CC

Certificate of Status Desired: Yes

01/16/2021 Date

Date