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: LUI	Z NEVES

Current Mailing Address:

DOCUMENT# P23000072285

Current Principal Place of Business:

10151 DEERWOOD PARK BLVD BUILDING 200 SUITE 250 JACKSONVILLE, FL 32256

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

NEVES, LUIZ 10151 DEERWOOD PARK BLVD BUILDING 200 SUITE 250 JACKSONVILLE, FL 32256 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	NEVES, LUIZ	Name	OLIVEIRA NEVES, MARIA C			
Address	3609 SHAWNEE SHORES DR	Address	3609 SHAWNEE SHORES DR			
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225			

PRESIDENT

Date

02/27/2024

FILED Feb 27, 2024 Secretary of State 7811014504CC

Date

Certificate of Status Desired: No

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: MEDICI ACCOUNTING & TAX SERVICES INC

Electronic Signature of Signing Officer/Director Detail