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.

PRESIDENT

SIGNATURE: RAMON VALENTI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P94000060179

Entity Name: FLORIDA EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

5818 SW 8 STREET MIAMI, FL 33144

Current Mailing Address:

1435 SW 87 AVE SUITE 101 MIAMI, FL 33174 US

FEI Number: 65-0527372

Name and Address of Current Registered Agent:

VALENTI, RAMON 1435 SW 87 AVE SUITE 101 MIAMI, FL 33174 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	DP	Title	DV
Name	VALENTI, RAMON	Name	VALENTI, BARBARA I
Address	1435 SW 87 AVE SUITE 101	Address	1435 SW 87 AVE SUITE 101
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174
Title	DT		
Name	MARTINEZ, SANTIAGO		
Address	6318 SW 43 STREET		
City-State-Zip:	MIAMI FL 33155		

FILED Apr 29, 2023 Secretary of State 1881624082CC

Certificate of Status Desired: Yes

04/29/2023 Date

Date