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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: JEFFREY LEFLORE

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	CEO	Title	SECRETARY
Name	LEFLORE, JEFFREY	Name	DALEY, TINA A
Address	590 NW 191 ST	Address	12550 NW 19TH AVE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33167

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

Current Principal Place of Business:

1786 ALI BABA AVENUE APT. 5 OPA LOCKA, FL 33054

Current Mailing Address:

PO BOX 540714 OPA LOCKA, FL 33054 US

DOCUMENT# L13000044267

FEI Number: 46-2322604

Name and Address of Current Registered Agent:

Entity Name: CHARLES ENTERPRISE GROUP LLC

JULIEN, PREVILUS 1100 NE 163RD ST 103 MIAMI, FL 33162 US

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2018 Secretary of State CC1554718734

Certificate of Status Desired: No

Date

Date

01/24/2018