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.

MGR

SIGNATURE: DEIVIS ARCHBOLD

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 4846 N UNIVERSITY DR.

Entity Name: ARCHBOLD INNOVATIONS LLC

101 LAUDERHILL, FL 33351

Current Mailing Address:

4846 N UNIVERSITY DR. 101 LAUDERHILL, FL 33351 US

DOCUMENT# L16000216579

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ARCHBOLD, DEIVIS A 4846 N UNIVERSITY DR 101 33351, FL 33361 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LOPEZ, KEYLA	Name	ARCHBOLD, DEIVIS A
Address	4846 N UNIVERSITY DR. 101	Address	4846 N UNIVERSITY DR. 101
City-State-Zip:	LAUDERHILL FL 33351	City-State-Zip:	LAUDERHILL FL 33351

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2018 Secretary of State CC7730037704

Certificate of Status Desired: No

04/04/2018

Date