SIGNATURE: VICTOR RIVERA

Electronic Signature of Signing Authorized Person(s) Detail

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

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	AMBR	Title	MGR
Name	RIVERA, VICTOR	Name	RIVERA, VICTOR
Address	514 POINSETTIA LN.	Address	514 POINSETTIA LN.
City-State-Zin:	KISSIMMEE EL 34744	City-State-Zip	KISSIMMEE EL 34744

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.

FEI Number: 65-0996107

Current Mailing Address: 514 POINSETTIA LN. KISSIMMEE. FL 34744

514 POINSETTIA LN. KISSIMMEE, FL 34744

Name and Address of Current Registered Agent:

Entity Name: VICTOR RIVERA ASSOCIATES, LLC

Current Principal Place of Business:

RIVERA, VICTOR 514 POINSETTIA LN. KISSIMMEE, FL 34744 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000099145

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. 04/17/2019

Date

FILED Apr 17, 2019 Secretary of State 3896745469CC

Date