that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JHOHANSEN MEDINA

Authorized Person(s) Detail : **OWNER & MANAGER** Title Title **OWNER & MANAGER** MEDINA, JHOHANSEN CARMONA B, ADRIANA E Name Name 4711 NW 79 AVE 4711 NW 79 AVE Address Address SUITE 9I SUITE 9I City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

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

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.

Name and Address of Current Registered Agent:

MEDINA, JHOHANSEN 4711 NW 79 AVE SUITE 9I DORAL, FL 33166 US

SIGNATURE:

DOCUMENT# L18000041097 Entity Name: MIAMI PRINT SHOP LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4711 NW 79 AVE SUITE 9I DORAL, FL 33166

Current Mailing Address:

4711 NW 79 AVE SUITE 9I DORAL, FL 33166 US

FEI Number: 82-4456391

Electronic Signature of Registered Agent

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 14, 2021 Secretary of State 3250871741CC

Certificate of Status Desired: Yes

04/14/2021

OWNER & MANAGER

Date