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. 01/27/2022

MANAGER

SIGNATURE: ALBERTO I LOPEZ

Current Mailing Address: 1713 SW HEALTH PARKWAY

Current Principal Place of Business:

NAPLES. FL 34109 US

FEI Number: 87-0907556

1713 SW HEALTH PARKWAY

NAPLES. FL 34109

Name and Address of Current Registered Agent:

LOPEZ, ALBERTO I 175 PALM RIVER BLVD NAPLES, FL 34110 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 :

VD

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FLORIDA INTERNATIONAL SOLUTIONS LLC

Jan 27, 2022 Secretary of State 2669547150CC

FILED

Certificate of Status Desired: No

Date

Date