

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001305

Entity Name: DIGIFLEX LIMITED CORPORATION**Current Principal Place of Business:**UNIT 15 ELDON WAY
HOCKLEY, ESSEX SS5 4AD**Current Mailing Address:**15 ELDON WAY
HOCKLEY, ESSEX SS5-4AD GB**FEI Number:** 98-1315327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	CANE, ASHLEY
Address	UNIT 15 ELDON WAY
City-State-Zip:	HOCKLEY ESSEX SS5 4AD

Title	PRESIDENT
Name	CANE, ASHLEY
Address	UNIT 15 ELDON WAY
City-State-Zip:	HOCKLEY ESSEX SS5 4AD

Title	TREASURER
Name	GOODWIN, PAUL
Address	UNIT 15 ELDON WAY
City-State-Zip:	HOCKLEY ESSEX SS5 4AD

Title	DIRECTOR
Name	CANE, CLARE
Address	UNIT 15 ELDON WAY
City-State-Zip:	HOCKLEY ESSEX SS5 4AD

Title	SECRETARY
Name	CURRY, SARAH
Address	UNIT 15 ELDON WAY
City-State-Zip:	HOCKLEY ESSEX SS5 4AD

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY CANE**PRESIDENT****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date