| nereby 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 |
|---|
| ath; 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 |

l he oat above, or on an attachment with all other like empowered.

SIGNATURE: LUIS CASTILLO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

| Officer/Director Detail : | | | | |
|---------------------------|----------------------|-----------------|-----------------------|--|
| Title | PRESIDENT, TREASURER | Title | VP, SECRETARY | |
| Name | CASTILLO, LUIS | Name | ALCALA MANEIRO, NEISY | |
| Address | 10702 ELLISON AVE | Address | 10702 ELLISON AVE | |
| City-State-Zip: | ORLANDO FL 32832 | City-State-Zip: | ORLANDO FL 32832 | |

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:

SIGNATURE: LUIS CASTILLO

CASTILLO, LUIS 10702 ELLISON AVE ORLANDO, FL 32832 US

DOCUMENT# P14000013123

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Entity Name: CORPORATION CA2, INC

Current Principal Place of Business:

10702 ELLISON AVE ORLANDO, FL 32832

Current Mailing Address:

10702 ELLISON AVE ORLANDO, FL 32832 US

FEI Number: 46-4802038

Electronic Signature of Registered Agent

08/18/2017

FILED Aug 18, 2017 Secretary of State CC0594704224

> 08/18/2017 Date

Certificate of Status Desired: No

Date