

USCIS  
Attn: Change of Address  
344 Pleasants Drive  
Harrisonburg, VA 22801

RE: AR-11 Alien's Change of Address Card  
Applicant: Neyli Floriselda Xigua Lopez  
Beneficiary: Moises Benjamin Miranda Xingua

Dear Sir or Madam,

Please find enclosed the completed Form AR-11, Aliens Change of Address Card for the applicant and her beneficiary.

Sincerely,



Date: 03/13/2026

\_\_\_\_\_  
Otavio Haverroth Silva, SBN#343486  
P.O. Box 90487  
San Diego, CA 92169  
(510) 241-9336

# Alien's Change of Address Card

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form AR-11

NOTE: An asterisk (\*) indicates a mandatory field that must be completed.

## Information About You

*Family Name (Last Name)	*Given Name (First Name)	Middle Name (if applicable)
XIGUA LOPEZ	Neyli	Floriselda
*Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number) (if any)	
01/05/2001	▶ A- 2 4 5 1 7 9 4 9 5	

## Information About Your Address

### \*Present Physical Address (No PO Boxes)

*Street Number and Name	Apt.	Ste.	Flr.	Number
735 North Amphlett Blvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
*City or Town	*State		*ZIP Code	
San Mateo	CA		94401	
<i>(USPS ZIP Code Lookup)</i>				


### Previous Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
759 North Amphlett Blvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
City or Town	State		ZIP Code	
San Mateo	CA		94401	

### Mailing Address (optional)

Street Number and Name	Apt.	Ste.	Flr.	Number
P.O BOX 90487	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	
SAN DIEGO	CA		92169	
<i>(USPS ZIP Code Lookup)</i>				

## Your Signature

*Your Signature	Date of Signature (mm/dd/yyyy)
	03/02/26

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U.S. Citizenship and Immigration Services

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Form AR-11

NOTE: An asterisk (\*) indicates a mandatory field that must be completed.

## Information About You

*Family Name (Last Name)	*Given Name (First Name)	Middle Name (if applicable)
MIRANDA XINGUA	MOISES	BENJAMIN
*Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number) (if any)	
10/27/2020	▶ A- 2 4 5 1 7 9 4 8 2	

## Information About Your Address

\*Present Physical Address (No PO Boxes)

*Street Number and Name	Apt.	Ste.	Flr.	Number
735 North Amphlett Blvd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
*City or Town	*State		*ZIP Code	
San Mateo	CA		94401	
<i>(USPS ZIP Code Lookup)</i>				

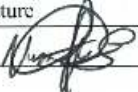
Previous Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
759 North Amphlett Blvd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
City or Town	State		ZIP Code	
San Mateo	CA		94401	

Mailing Address (optional)

Street Number and Name	Apt.	Ste.	Flr.	Number
P.O BOX 90487	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State		ZIP Code	
SAN DIEGO	CA		92169	
<i>(USPS ZIP Code Lookup)</i>				

## Your Signature

*Your Signature	Date of Signature (mm/dd/yyyy)
	03/02/26