Current Mai	iling Address:			
	•			
	KARMAN AVE SUITE 190 A 92606 US			
FEI Number: 85-4096385			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	GENT, INC.			
115 N CALHOL	JN ST SUITE 4 E, FL 32301 US			
115 N CALHOU TALLAHASSEE		g its registered office or regis	tered agent, or both, in the State of Flo	orida.
115 N CALHOU TALLAHASSEE The above name	E, FL 32301 US	g its registered office or regis	tered agent, or both, in the State of Flo	orida. 03/15/2024
115 N CALHOU TALLAHASSEE The above name	E, FL 32301 US	g its registered office or regis	tered agent, or both, in the State of Flo	
115 N CALHOU TALLAHASSEE The above name SIGNATURE	E, FL 32301 US d entity submits this statement for the purpose of changing E: JEFFREY UNGER	g its registered office or regis	tered agent, or both, in the State of Flo	03/15/202
115 N CALHOU TALLAHASSEE The above name SIGNATURE	<ul> <li>FL 32301 US</li> <li>d entity submits this statement for the purpose of changing</li> <li>JEFFREY UNGER</li> <li>Electronic Signature of Registered Agent</li> </ul>	g its registered office or regis	tered agent, or both, in the State of Flo	03/15/202
115 N CALHOU TALLAHASSEE The above name SIGNATURE Authorized	<ul> <li>FL 32301 US</li> <li>d entity submits this statement for the purpose of changing</li> <li><u>JEFFREY UNGER</u></li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> </ul>			03/15/202 Date
115 N CALHOU TALLAHASSEE The above name SIGNATURE Authorized Title	<ul> <li>FL 32301 US</li> <li>d entity submits this statement for the purpose of changing</li> <li><u>JEFFREY UNGER</u></li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail : AMBR</li> </ul>	Title	AMBR	03/15/202 Date

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.

SIGNATURE: ERIKA EASTER

ATTORNEY

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AFIKOMAN PUBLISHING LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

6920 TALAVERA

FILED Mar 15, 2024 **Secretary of State** 7531015691CC

Date