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.

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1657 MARSH POINTE DRIVE

CLERMONT, FL 34711

Current Mailing Address:

1657 MARSH POINTE DRIVE CLERMONT, FL 34711 US

FEI Number: 88-0522837

Name and Address of Current Registered Agent:

CHRISTI R. ROMERO, ESQ. 601 S. 9TH STREET LEESBURG, FL 34748 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:

Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
|-----------------|-------------------------|-----------------|-------------------------|
| Name | THOMAS J. EVANS | Name | DENISE D. EVANS |
| Address | 1657 MARSH POINTE DRIVE | Address | 1657 MARSH POINTE DRIVE |
| City-State-Zip: | CLERMONT FL 34711 | City-State-Zip: | CLERMONT FL 34711 |

Electronic Signature of Registered Agent

FILED Jan 29, 2024 Secretary of State 5639038932CC

Date

Certificate of Status Desired: Yes

Date

01/29/2024

MGR

SIGNATURE: THOMAS J EVANS

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000499874

Entity Name: FAMILY ARCHEOLOGIST, LLC