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

Authorized Person(s) Detail :

TitleMGRNameVAZQUEZ LOPEZ, AMANDAAddress5525 SE 43RD CTCity-State-Zip:OCALA FL 34480

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.

MGR

SIGNATURE: AMANDA VAZQUEZ LOPEZ

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Current Principal Place of Business:

4869 SW 60TH AVE SUITE 100-101 OCALA, FL 34474

Current Mailing Address:

DOCUMENT# L22000029732

4869 SW 60TH AVE SUITE 100-101 OCALA, FL 34474 US

FEI Number: 87-4706521

Name and Address of Current Registered Agent:

INC AUTHORITY RA 390 NORTH ORANGE AVE., STE 2300-N ORLANDO, FL 32801 US

Date

07/31/2023 Date

FILED Jul 31, 2023 Secretary of State 8749012001CC

Certificate of Status Desired: No