2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005118

Entity Name: DARDEN DIMES, INC.

Current Principal Place of Business:

1000 DARDEN CENTER DR ORLANDO, FL 32837

Current Mailing Address:

1000 DARDEN CENTER DR ORLANDO, FL 32837

FEI Number: 59-3525641

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	KIERNAN, DANIEL	Name	CONNELLY, SUSAN M
Address	1000 DARDEN CENTER DR	Address	1000 DARDEN CENTER DR
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837
Title	ASST. TREASURER	Title	ASST. SECRETARY
Name	SIMMONS, ANGELA M	Name	MORROW, ANTHONY G
Address	1000 DARDEN CENTER DR	Address	1000 DARDEN CENTER DR
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837
Title	DIRECTOR	Title	TREASURER
Title Name	DIRECTOR KING, SARAH H	Title Name	TREASURER JEWELL, ISAIAH G
Name	KING, SARAH H	Name	JEWELL, ISAIAH G
Name Address	KING, SARAH H 1000 DARDEN CENTER DR	Name Address	JEWELL, ISAIAH G 1000 DARDEN CENTER DR
Name Address City-State-Zip:	KING, SARAH H 1000 DARDEN CENTER DR ORLANDO FL 32837	Name Address City-State-Zip:	JEWELL, ISAIAH G 1000 DARDEN CENTER DR ORLANDO FL 32837
Name Address City-State-Zip: Title	KING, SARAH H 1000 DARDEN CENTER DR ORLANDO FL 32837 DIRECTOR	Name Address City-State-Zip: Title	JEWELL, ISAIAH G 1000 DARDEN CENTER DR ORLANDO FL 32837 DIRECTOR
Name Address City-State-Zip: Title Name	KING, SARAH H 1000 DARDEN CENTER DR ORLANDO FL 32837 DIRECTOR FARRELL, FALON	Name Address City-State-Zip: Title Name	JEWELL, ISAIAH G 1000 DARDEN CENTER DR ORLANDO FL 32837 DIRECTOR LABOY, JOSE 1000 DARDEN CENTER DR

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA M SIMMONS

ASST. TREASURER

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 11, 2022 Secretary of State 6038435250CC

Date

ELA M SIMMONS

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STOEWE, DAWN
Address	1000 DARDEN CENTER DR
City-State-Zip:	ORLANDO FL 32837