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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: EFRAIN LEON

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 7002 BEEKMAN LAKE DRIVE

JACKSONVILLE, FL 32222

DOCUMENT# P02000115328

Current Mailing Address:

7002 BEEKMAN LAKE DRIVE JACKSONVILLE, FL 32222 US

FEI Number: 30-0123186

Name and Address of Current Registered Agent:

EFRAIN, LEON 7002 BEEKMAN LAKE DRIVE JACKSONVILLE, FL 32222 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: EFRAIN LEON

Electronic Signature of Registered Agent

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: DIMENSIONS ENTERPRISE OF JACKSONVILLE, INC.

Officer/Director Detail :

Title PRESIDENT Name LEON, EFRAIN Address 7002 BEEKMAN LAKE DRIVE JACKSONVILLE FL 32222 City-State-Zip:

FILED Apr 28, 2024 Secretary of State

9825316875CC

Certificate of Status Desired: Yes

04/28/2024 Date

04/28/2024

Date