SIGNATURE: JOHNNY CHARITE JEAN-BAPTISTE

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000050405

Entity Name: BEST INSURANCE SOLUTIONS, INC

Current Principal Place of Business:

3710 INVERRARY DR APT 3T LAUDERHILL, FL 33319

Current Mailing Address:

3710 INVERRARY DR APT 3T LAUDERHILL, FL 33319 US

FEI Number: 37-1785343

Name and Address of Current Registered Agent:

JEAN-BAPTISTE, JOHNNY 3710 INVERRARY DR APT 3T LAUDERHILL, FL 33319 US

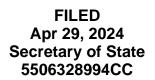
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

Electronic Signature of Registered Agent

| Officer/Director Detail : | | | |
|---------------------------|--------------------------|-----------------|---------------------------|
| Title | Р | Title | VP |
| Name | JEAN-BAPTISTE, JOHNNY | Name | LOUIS, WILTER |
| Address | 3710 INVERRARY DR APT 3T | Address | 5460 N STATE RD 7 STE 217 |
| City-State-Zip: | LAUDERHILL FL 33319 | City-State-Zip: | LAUDERHILL FL 33319 |

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

Ρ



Certificate of Status Desired: No

04/29/2024 Date

Date