Electronic Signature of Signing Authorized Person(s) Detail

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 :

Title	MGRM	Title	AUTHORIZED MEMBER
Name	MITCHELL, TAMARA R	Name	MITCHELL, NICHOLAS S
Address	1417 LEMHURST RD	Address	1417 LEMHURST RD
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507

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.

SIGNATURE: TAMARA MITCHELL

Entity Name: MY CUSTOM LEGACY, LLC

Current Principal Place of Business:

1417 LEMHURST RD PENSACOLA, FL 32507

Current Mailing Address:

1417 LEMHURST RD PENSACOLA. FL 32507

FEI Number: 27-4913894

Name and Address of Current Registered Agent:

MITCHELL, TAMARA R 1417 LEMHURST RD PENSACOLA, FL 32507 US

5512809868CC	

Certificate of Status Desired: No

Date

04/29/2022

FILED Apr 29, 2022 Secretary of State

Date