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: RUSSELL, GALLIFORD

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 45-4211883 Name and Address of Current Registered Agent:

Current Principal Place of Business:

DOCUMENT# L12000003763

Current Mailing Address:

DELTONA. FL 32738 US

GALLIFORD, RUSSELL 3022 PARMA DR DELTONA, FL 32738 US

3022 PARMA DR DELTONA, FL 32738

3022 PARMA DR

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: RUSSELL GALLIFORD

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	GALLIFORD, RUSSELL
Address	3022 PARMA DR
City-State-Zip:	DELTONA FL 32738

Entity Name: AMERICAN CRAFTSMAN OF CENTRAL FL LLC

FILED Apr 26, 2022 Secretary of State 4576568649CC

Certificate of Status Desired: No

04/26/2022 Date

04/26/2022

Date

MGR