that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEREMY SUELFLOW Electronic Signature of Signing Authorized Person(s) Detail

GULF BREEZE, FL 32561 **Current Mailing Address:**

Current Principal Place of Business:

721 WADESTONE TRL. FRANKLIN. TN 37064 US

612 BAY CLIFFS RD.

FEI Number: 81-1814814

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 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: | BILL HAVRE | 05/01/2022 |
|------------|--|------------|
| | Electronic Signature of Registered Agent | Date |

Authorized Person(s) Detail :

Title AMBR SUELFLOW. JEREMY Name Address 721 WADESTONE TRL. City-State-Zip: FRANKLIN TN 37064

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

AMBR

FILED May 01, 2022 Secretary of State 7762109466CC

Certificate of Status Desired: No

05/01/2022 Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000047785

Entity Name: SUMMIT PRODUCT DEVELOPMENT, LLC