that my name appears above, or on an attachment with all other like empowered. 04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000102788

Entity Name: GIFTED CONCEPTS COUNSELING AND CONSULTING, LLC

Current Principal Place of Business:

2582 MAGUIRE ROAD SUITE 163 OCOEE, FL 34761

Current Mailing Address:

9344 LAKE FISCHER BLVD. GOTHA, FL 34734 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

SUMMERS, NATALEE R 9344 LAKE FISCHER BLVD GOTHA, FL 34734 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

Authorized Person(s) Detail :

Title MGR SUMMERS. NATALEE R Name Address 9344 LAKE FISCHER BLVD City-State-Zip: GOTHA FL 34734

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

MANAGER

Date

Date

FILED Apr 18, 2022 Secretary of State 5929879181CC

Certificate of Status Desired: Yes

SIGNATURE: NATALEE F R SUMMERS