Name and Address of Current Registered Agent.			
INTERNATIONAL DIVISION BY LARSON LLC 7901 KINGSPOINTE PKWY STE 15 ORLANDO, FL 32819 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.			
CAROLINE G LARSON			02/21/2023
Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :			
AMBR	Title	AMBR	
POZZI JUNIOR, AMILCAR	Name	POZZI MULLER, GRAZIELLA	
2615 SANTOSH CV	Address	2615 SANTOSH CV	
	DIVISION BY LARSON LLC TE PKWY 2819 US ntity submits this statement for the purpose of changing its register CAROLINE G LARSON Electronic Signature of Registered Agent erson(s) Detail : MBR POZZI JUNIOR, AMILCAR	DIVISION BY LARSON LLC TE PKWY 2819 US Antity submits this statement for the purpose of changing its registered office or registered CAROLINE G LARSON Electronic Signature of Registered Agent Electronic Signature of Registered Agent EISON(S) Detail : MBR Title POZZI JUNIOR, AMILCAR Name	DIVISION BY LARSON LLC TE PKWY 2819 US ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo CAROLINE G LARSON Electronic Signature of Registered Agent erson(s) Detail : MBR Title AMBR POZZI JUNIOR, AMILCAR Name POZZI MULLER, GRAZIELLA

Current Mailing Address:

2595 CHATHAM CIR KISSIMMEE, FL 34746

DOCUMENT# L18000029182

Entity Name: FINE FLOWER HOUSES LLC

Current Principal Place of Business:

7901 KINGSPOINTE PKWY **STE 15** ORLANDO, FL 32819 US

FEI Number: 38-4061826

Name and Address of Current Registered Agent:

City-State-Zip: KISSIMMEE FL 34746

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: POZZI JUNIOR, AMILCAR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

City-State-Zip: KISSIMMEE FL 34746

AMBR

02/21/2023

FILED Feb 21, 2023 Secretary of State 3031662297CC