SIGNATURE: OLIVIER H MADER

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

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:

Authorized Person(s) Detail :				
	Title	MGR	Title	MGR
	Name	MADER, OLIVIER	Name	JOH, KIT
	Address	4532 W KENNEDY BLVD #495	Address	4532 W KENNEDY BLVD #495
	City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

Current Mailing Address:

4532 W KENNEDY BLVD #495

DOCUMENT# L18000259055

Entity Name: FLORIDA OK NETWORK LLC

Current Principal Place of Business:

4532 W KENNEDY BLVD #495 TAMPA, FL 33609 US

FEI Number: 83-2474122

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MADER, OLIVIER 4532 W KENNEDY BLVD #495 TAMPA, FL 33609 US

TAMPA, FL 33609

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 23, 2023 Secretary of State 8430470239CC

Date

01/23/2023

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

Date