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

RA

SIGNATURE: JUSTIN L. DAVIS

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

PRIDE, MIJANVO M 450 SW COUNTY ROAD 360 MADISON, FL 32340 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: MIJANVO M PRIDE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AR Name DAVIS, JUSTIN L Address 450 SW COUNTY ROAD 360 City-State-Zip: MADISON FL 32340

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

Certificate of Status Desired: Yes

02/09/2021 Date

02/09/2021

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000029638

Entity Name: PRIDE ADVOCACY & CONSULTING SERVICES, LLC

Current Principal Place of Business:

450 SW COUNTY ROAD 360 MADISON, FL 32340

Current Mailing Address:

450 SW COUNTY ROAD 360 MADISON, FL 32340 US

FEI Number: 83-3299412

FILED Feb 09, 2021 Secretary of State 6530753189CC