that my name appears above, or on an attachment with all other like empowered. MGR SIGNATURE: CECILIA NOCETTI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: LANDSCAPE MANAGER, LLC **Current Principal Place of Business:**

2051 S MILITARY TRL WEST PALM BEACH. FL 33415

DOCUMENT# L19000257400

Current Mailing Address:

9858 CLINT MOORE RD. SUITE C111-290 BOCA RATON, FL 33496 US

FEI Number: 84-3542510

Name and Address of Current Registered Agent:

WHOLE TAX PROFESSIONAL SERVICES, INC 1800 SW 1ST ST 202 MIAMI, FL 33135 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | GRANDE, ANDRES A | Name | NOCETTI, CECILIA M |
| Address | 9632 SAVONA WINDS DR | Address | 9632 SAVONA WINDS DR |
| City-State-Zip: | DELRAY BEACH FL 33446 | City-State-Zip: | DELRAY BEACH FL 33446 |

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

01/31/2022

Certificate of Status Desired: Yes

Date