SIGNATURE: ROBIN PLATZER

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

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	PLATZER, ROBIN	Name	LINDSAY, LINDA
Address	4509 BEE RIDGE ROAD UNIT D	Address	4509 BEE RIDGE RD UNIT D
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

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

MGR

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:

4509 BEE RIDGE ROAD

Name and Address of Current Registered Agent:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

UNIT D

PLATZER, ROBIN 803 WHITE HERON BLVD RUSKIN, FL 33570 US

UNIT D SARASOTA, FL

Entity Name: 2 SOUTHERN DIVAS LLC

DOCUMENT# L19000302468

Current Principal Place of Business:

4509 BEE RIDGE ROAD

Current Mailing Address:

SARASOTA, FL

FEI Number: 84-3969991

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 12, 2021 Secretary of State 0455380382CC

Certificate of Status Desired: No

03/12/2021

Date