Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

Current Principal Place of Business:

COMINGORE, PAUL CHAD 1810 PALM AVE #1206 TAMPA, FL 33605 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: PAUL CHAD COMINGORE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR COMINGORE, PAUL C Name Address PO BOX 40043 City-State-Zip: MOBILE AL 36640

01/12/2024 SIGNATURE: PAUL C COMINGORE

FILED Jan 12, 2024 Secretary of State 8049012474CC

Certificate of Status Desired: No

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.

FEI Number: 85-1170189

Current Mailing Address:

MOBILE, AL 36640 US

DOCUMENT# L20000134629

106 S GEORGIA AVE MOBILE, AL 36604

PO BOX 40043

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 1602 HOME AVENUE DEVELOPMENT, LLC

MANAGER

01/12/2024 Date