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

SIGNATURE: EMMANUEL MAZARD

Electronic Signature of Signing Authorized Person(s) Detail

MAZARD, EMMANUEL N

21300 NW 14TH PLACE #310 MIAMI, FL 33169 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MAZARD, EMMANUEL N	Name	MAZARD, EMMANUEL
Address	21300 NW 14TH PLACE #310	Address	101 NW 48 ST
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33127

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000189795

Entity Name: MAZARD INVESTMENTS LLC

Current Principal Place of Business:

21300 NW 14TH PLACE 310 MIAMI, FL 33169

Current Mailing Address:

21300 NW 14TH PLACE 310 MIAMI, FL 33169

FEI Number: 85-2038517

Name and Address of Current Registered Agent:

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

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

Date

FILED Apr 21, 2022 Secretary of State 5065559230CC

Certificate of Status Desired: No

Date