Electronic Signature of Signing Authorized Person(s) Detail

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

SIGNATURE: JOSEPH E SEXTON

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	SEXTON, JOSEPH E	Name	VIRANY, NIZAR
Address	690 MAIN STREET, #10026	Address	3651 PEACHTREE PARKWAY #174
City-State-Zip:	SAFETY HARBOR FL 34695	City-State-Zip:	SUWANEE GA 30024

DOCUMENT# L20000245566

Entity Name: DIGITAL MASCARADE LLC

Current Principal Place of Business:

690 MAIN STREET #10026 SAFETY HARBOR, FL 34695

Current Mailing Address:

690 MAIN STREET #10026 SAFETY HARBOR, FL 34695

FEI Number: 85-2684972

Name and Address of Current Registered Agent:

SEXTON, JOSEPH E 690 MAIN STREET #10026 SAFETY HARBOR, FL 34695 US

> Electronic Signature of Registered Agent Date (-) D-(-! ם ה

MANAGING PARTNER

04/30/2021

FILED Apr 30, 2021 Secretary of State 4053743904CC

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

Date