| Current Mailing Address: | |
|--|----------------------|
| 92 PRAIRIE FALCON DRIVE GROVELAND, FL 34736 | |
| FEI Number: 85-2587104 | Certificate of Statu |

Name and Address of Current Registered Agent:

LEWIN-HOLMES, ANGELLA M 92 PRAIRIE FALCON DRIVE GROVELAND, FL 34736 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.

| SIGNA | TURE: | ANGELLA LEWIN-HOLMES | | | 03/31/2022 | |
|-------------------------------|----------|--|-----------------|--------------------------|------------|--|
| | | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | | |
| Title | C | OWNER | Title | MGR | | |
| Name | L | LEWIN-HOLMES, ANGELLA M | Name | BARNES, DEANO D | | |
| Address | ç | 22 PRAIRIE FALCON DRIVE | Address | 150 COQUINA BAY DRIVE | | |
| City-Stat | e-Zip: C | GROVELAND FL 34736 | City-State-Zip: | SAINT PETERSBURG FL 3370 | 5 | |
| | | | | | | |

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.

SIGNATURE: ANGELLA LEWIN-HOLMES

OWNER

03/31/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000254927

Entity Name: AD&D'S CARE, LLC

Current Principal Place of Business:

92 PRAIRIE FALCON DRIVE GROVELAND, FL 34736

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