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

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000015633

Entity Name: EAGLES POINT MANAGEMENT LLC

Current Principal Place of Business:

1428 BRICKELL AVE 202 MIAMI, FL 33131

Current Mailing Address:

1428 BRICKELL AVE 202 MIAMI, FL 33131

FEI Number: 86-2663943

Name and Address of Current Registered Agent:

OSNOVIKOFF DEVET, ALEXEI 1428 BRICKELL AVE 202 MIAMI, FL 33131 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	OSNOVIKOFF DEVET, ALEXEI	Name	VASQUEZ, CAROLINA
Address	1428 BRICKELL AVE SUITE 202	Address	1428 BRICKELL AVE SUITE 202
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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

SIGNATURE: OSNOVIKOFF DEVET, ALEXEI

MANAGER

04/26/2024

Date

FILED Apr 26, 2024 Secretary of State 4618798562CC

Certificate of Status Desired: No

Date