	2, 12 04000 0420			
Current Ma	ling Address:			
794 SW JOF PORT ST LI	RDIN AVE JCIE, FL 34953-6428 US			
FEI Number: 87-3515153		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
EBANKS, DOU 794 SW JORDI PORT ST LUC				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE: DOUGLAS EBANKS				
SIGNATURI	E: DOUGLAS EBANKS			01/17/2024
SIGNATURI	E: DOUGLAS EBANKS Electronic Signature of Registered Agent			01/17/2024 Date
	Electronic Signature of Registered Agent	Title	MEMBER	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	MEMBER EBANKS, LAVERN S	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MANAGER			
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : MANAGER EBANKS, CHRISTOPHER M 794 SW JORDIN AVE	Name	EBANKS, LAVERN S 794 SW JORDIN AVE	Date
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MANAGER EBANKS, CHRISTOPHER M 794 SW JORDIN AVE	Name Address	EBANKS, LAVERN S 794 SW JORDIN AVE	Date
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MANAGER EBANKS, CHRISTOPHER M 794 SW JORDIN AVE PORT ST LUCIE FL 34953-6428	Name Address	EBANKS, LAVERN S 794 SW JORDIN AVE	Date
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MANAGER EBANKS, CHRISTOPHER M 794 SW JORDIN AVE PORT ST LUCIE FL 34953-6428 AUTHORIZED MEMBER	Name Address	EBANKS, LAVERN S 794 SW JORDIN AVE	Date

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: LAVERN EBANKS

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000479407

Entity Name: EBANKS & SONS INTERNATIONAL LLC

Current Principal Place of Business:

794 SW JORDIN AVE PORT ST LUCIE, FL 34953-6428