| Name and Ac | dress of Current Registered Agent: |
|---|--|
| DUIM, ADRIANO 899 S BLACK CH SAINT JOHNS, F | ERRY DR |
| The above named e | entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid |
| SIGNATURE: | ADRIANO NELSON DUIM |
| | Electronic Signature of Registered Agent |
| | |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000460103

Entity Name: A N D USA SERVICES LLC

Current Principal Place of Business:

899 S BLACK CHERRY DR SAINT JOHNS, FL 32259

Current Mailing Address:

899 S BLACK CHERRY DR SAINT JOHNS. FL 32259 US

FEI Number: 92-0890445

d Addr Name a

Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
|-----------------|-----------------------|-----------------|--------------------------|
| Name | DUIM, ADRIANO NELSON | Name | GRACINO, ANDREZA BARRIOS |
| Address | 899 S BLACK CHERRY DR | Address | 899 S BLACK CHERRY DR |
| City-State-Zip: | SAINT JOHNS FL 32259 | City-State-Zip: | SAINT JOHNS FL 32259 |

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: ADRIANO NELSON DUIM

MGR

04/30/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2023 Secretary of State 7466969074CC

04/30/2023 Date

Certificate of Status Desired: Yes