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.

PRESIDENT

SIGNATURE: DAWN M. KINKEAD

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Entity Name: DRMK & ASSOCIATES CONSULTING, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

9156 BLIND PASS ROAD ST. PETE BEACH. FL 33706 US

Current Principal Place of Business:

DOCUMENT# L22000491325

9156 BLIND PASS ROAD ST. PETE BEACH. FL 33706

FEI Number: 92-1279641

Name and Address of Current Registered Agent:

KINKEAD, DAWN M 9156 BLIND PASS ROAD ST. PETE. BEACH, FL 33706 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	AMBR
Name	KINKEAD, DAWN M	Name	CHRISTY, PAUL A JR
Address	9156 BLIND PASS ROAD	Address	1965 FRUITRIDGE ST
City-State-Zip:	ST. PETE BEACH FL 33706	City-State-Zip:	BRANDON FL 33510

Certificate of Status Desired: No

Date

03/16/2023 Date