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: JOEL MANION

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 93-4319504

Name and Address of Current Registered Agent:

MANION, JOEL DR. 1955 MOUNTAIN PINE STREET OCOEE, FL 34761 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:

Authorized Person(s) Detail : Title MGR Title MGR DR. JOEL MANION Name Name MELISSA MANION Address 1955 MOUNTAIN PINE STREET Address **1955 MOUNTAIN PINE STREET** City-State-Zip: OCOEE FL 34761 City-State-Zip: OCOEE FL 34761

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000505906

Entity Name: DRJM CONSULTING LLC

Current Principal Place of Business:

1955 MOUNTAIN PINE STREET OCOEE. AL 34761

Current Mailing Address:

1955 MOUNTAIN PINE STREET OCOEE. AL 34761 US

Electronic Signature of Registered Agent

Certificate of Status Desired: No

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

02/09/2024

FILED Feb 09, 2024 Secretary of State 4541951656CC

Date

Date