that my name appears above, or on an attachment with all other like empowered. 08/03/2021 MANAGER

SIGNATURE: LAURABELL LYSTER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M2000007334

Entity Name: 2 ELEPHANTS PROPERTIES LLC

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4594 THORNWOOD CIRCLE PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4594 THORNWOOD CIRCLE PALM BEACH GARDENS. FL 33418 US

FEI Number: 83-3299297

Name and Address of Current Registered Agent:

LYSTER, LAURABELL 4594 THORNWOOD CIRCLE PALM BEACH GARDENS, FL 33418 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	MGRM,AP	Title	MBR
Name	LYSTER, LAURABELL	Name	LYSTER, CHARLES
Address	4594 THORNWOOD CIRCLE	Address	4594 THORNWOOD CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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

Certificate of Status Desired: No

Date

Date