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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: TAQUAESHA REDDING

Electronic Signature of Signing Officer/Director Detail

), FL 32771

Name and Address of Current Registered Agent:

TAQUAESHA, REDDING 1788 BELL AVE SANFORD, FL 32771 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: TAQUAESHA REDDING

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePNameREDDING, TAQUAESHA CAddressPO BOX 2613City-State-Zip:SANFORD FL 32772

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143859

Entity Name: DELIVERANCE TAX & INSURANCE SERVICES INC

Current Principal Place of Business:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

Current Mailing Address:

2435 S FRENCH AVE SUITE A SANFORD, FL 32771

FEI Number: 82-3316440

Certificate of Status Desired: No

04/23/2024

Date

04/23/2024

FILED Apr 23, 2024 Secretary of State 6322277257CC