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.

SIGNATURE: MICHAEL L SULLIVAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# V21534

Entity Name: M.L. SULLIVAN & ASSOCIATES, INC.

Current Principal Place of Business:

1403 VENTNOR AVENUE TARPON SPRINGS. FL 34689

Current Mailing Address:

1403 VENTNOR AVENUE TARPON SPRINGS, FL 34689 US

FEI Number: 59-3112881

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SULLIVAN, MICHAEL L. 1403 VENTNOR AVE TARPON SPRINGS, FL 34689 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:

| Officer/Director Detail : | | | |
|---------------------------|----------------------|---------|---------------------|
| Title | PD | Title | S |
| Name | SULLIVAN, MICHAEL L. | Name | SULLIVAN, ARLENE |
| Address | 1403 VENTNOR AVE | Address | 1403 VENTNOR AVENUE |

Address 1403 VENTNOR AVE City-State-Zip: TARPON SPRINGS FL 34689

| Title | S | |
|-------|------------------|--|
| Name | SULLIVAN, ARLENE | |
| | | |

1403 VENTNOR AVENUE City-State-Zip: TARPON SPRINGS FL 34689

PRESIDENT

Certificate of Status Desired: No

FILED Feb 01, 2024 Secretary of State 2362608317CC

Date

02/01/2024

Date