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

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

EAST GREENWICH, RI 02818

Current Principal Place of Business:

Entity Name: FULLPLATE VENTURES, LLC

Current Mailing Address:

15 SONNET DRIVE

DOCUMENT# L11000132434

166 VALLEY STREET BLDG 6M SUITE 103 PROVIDENCE, RI 02906 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC. 5811 PELICAN BAY BOULEVARD SUITE 650 NAPLES, FL 34108 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MMGR	Title	MMGR
Name	HALPERN, GARY B	Name	HALPERN, MINDY S
Address	15 SONNET DRIVE	Address	15 SONNET DRIVE
City-State-Zip:	EAST GREENWICH RI 02818	City-State-Zip:	EAST GREENWICH RI 02818

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 26, 2022 Secretary of State 5907126713CC

Certificate of Status Desired: No

01/26/2022

Date

Date