| | | | Certificate of Status Desired. NO | |
|---|--|------------------------------------|---|------------|
| Name and A | Address of Current Registered Agent | : | | |
| ARZI, EHUD N 1623 NEW LEC TALLAHASSEE | | | | |
| The above name | d entity submits this statement for the purpose of chang | ing its registered office or regis | tered agent, or both, in the State of F | lorida. |
| SIGNATURE: EHUD N ARZI | | | | 01/03/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized | Person(s) Detail : | | | |
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER | |
| Name | BENROMANO, NIR | Name | ARZI, EHUD N | |
| Address | 1380 NE MIAMI GARDENS DR STE 205A | Address | 1623 NEW LEGEND CT | |
| | | City State Zin: | TALLAUASSEE EL 22212 | |

Current Principal Place of Business: 1623 NEW LEGEND CT TALLAHASSEE, FL 32312

Current Mailing Address:

1623 NEW LEGEND CT TALLAHASSEE, FL 32312 US

FEI Number: 46-4800631

Na

City-State-Zip: NORTH MIAMI BEACH FL 33179

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

SIGNATURE: NIR BENROMANO

MGR

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000024033

Entity Name: ADN INVESTMENTS LLC

FILED Jan 03, 2023 **Secretary of State** 5948070611CC

Certificate of Status Desired: No

City-State-Zip: TALLAHASSEE FL 32312