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: HAMILTON RODRIGUES

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000223891

Entity Name: HAMILTON'S COMPLEX, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

8 ENTERPRISE DRIVE BUNNELL, FL 32110

Current Mailing Address:

7 FLORIDA PARK DR. NORTH SUITE E PALM COAST. FL 32137 US

FEI Number: 81-4521390

Name and Address of Current Registered Agent:

67 FAIRCASTLE LANE

PALM COAST FL 32137

SUITE E 67 FAIRCASTLE LANE

SAVY, BENJAMIN 25 PINE CONE DRIVE, STE. 2A PALM COAST, FL 32164 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:

Address

City-State-Zip:

Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MGRP Title TREASURER Name RODRIGUES, HAMILTON F Name RODRIGUES, HELIA M

> Address 7 FLORIDA PARK DR. NORTH SUITE E City-State-Zip: PALM COAST FL 32137

Certificate of Status Desired: No

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 04/17/2023

FILED Apr 17, 2023 Secretary of State 6160542542CC

Date

TREASURER

Date