| FEI Number: 83-0865639 | | | Certificate of Status Desired: No | |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| VAN HORN, DWIGHT AUSTIN 9152 WOODJACK COURT JACKSONVILLE, FL 32256 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 | : DWIGHT AUSTIN VAN HORN | | | 03/29/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | PRESIDENT | Title | PARTNER | |
| Name | VAN HORN, DWIGHT AUSTIN | Name | TAYLOR, MATTHEW | |
| Address | 143 HELENA PARK DR | Address | SITA INKERSALL GREEN | |
| City-State-Zip: | SUMMERVILLE SC 29486-0427 | City-State-Zip: | CHESTERFIELD S433HA | |
| Title | PARTNER | | | |
| Name | STANLEY, JOHN JR. | | | |
| Address | 471 WYCOFF AVE | | | |
| | | | | |

143 HELENA PARK DR

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City-State-Zip: WYCOFF NJ 07481

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: DWIGHT VAN HORN

PRESIDENT

03/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000144125

Entity Name: CHITOZAN HEALTH, LLC

Current Principal Place of Business:

9152 WOODJACK COURT JACKSONVILLE, FL 32256

Current Mailing Address:

SUMMERVILLE, SC 29486-0427 US

FILED Mar 29, 2024 Secretary of State 2843263706CC

Date