Electronic Signature of Signing Authorized Person(s) Detail

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

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L1900006053

Entity Name: 535 INDIANA ES LLC

Current Principal Place of Business:

2295 S HIAWASSEE RD STE 411 ORLANDO, FL 32835

Current Mailing Address:

2295 S HIAWASSEE RD STE 411 ORLANDO, FL 32835 UN

FEI Number: 83-3129646

Name and Address of Current Registered Agent:

QUARTER5 LLC 2295 S HIAWASSEE RD 411 ORLANDO, FL 32835 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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER	
Name	MITROVIC, ZARKO	Name	MITROVIC, ZELJKA	
Address	143 N REXFORD DR	Address	143 N REXFORD DR	
City-State-Zip:	LOS ANGELES CA 90210	City-State-Zip:	LOS ANGELES CA 90210	

that my name appears above, or on an attachment with all other like empowered. 10/25/2023 PRESIDENT

FILED Oct 25, 2023 Secretary of State 9074007204CC

Certificate of Status Desired: No

Date

Date