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. 08/19/2021 AMBR

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

SIGNATURE: NATHANIEL RYAN BRIGGS

Electronic Signature of Signing Authorized Person(s) Detail

Title	AMBR	Title	AUTHORIZED MEMBER	
Name	BRIGGS, NATHANIEL R	Name	BRIGGS, CASSIE KAY	
Address	211 SUNFISH DR	Address	245 W CENTRAL AVE	
City-State-Zip:	WINTER HAVEN FL 33881		SUITE 100	
		City-State-Zip:	WINTER HAVEN FL 33880	

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	Electronic Signature of Registered Agent				
Authorized Person(s) Detail :					
Title	AMBR	Title	AUTHORIZED MEMBER		
Name	BRIGGS, NATHANIEL R	Name	BRIGGS, CASSIE KAY		
Address	211 SUNFISH DR	Address	245 W CENTRAL AVE		
			SUITE 100		

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.

WINTER HAVEN, FL 33881 US

245 W CENTRAL AVE SUITE 100 WINTER HAVEN, FL 33880 US

Entity Name: THE TREASURED OLIVE LLC

Current Principal Place of Business:

FEI Number: 84-3051685

DOCUMENT# L19000242443

245 W CENTRAL AVE

WINTER HAVEN, FL 33880

Current Mailing Address:

SUITE 100

Name and Address of Current Registered Agent:

BRIGGS, NATHANIEL R 211 SUNFISH DR

SIGNATURE:

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED Aug 19, 2021 Secretary of State 5420753403CC

Certificate of Status Desired: No

Date