DOCUMENT# L19000296471

Entity Name: ACQUIRES.IO LLC

Current Principal Place of Business:

7159 CORKLAN DR., SUITE 100 JACKSONVILLE, FL 32258

Current Mailing Address:

6782 N OCEAN BLVD OCEAN RIDGE, FL 33435 US

FEI Number: 84-4081854

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N. STE 300 ST. PETERSBURG, FL 33702 US Certificate of Status Desired: No

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 | : BILL HAVRE | | | 04/09/2024 |
|-------------------------------|------------------------------------------|-----------------|---------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | SILVER, BONNIE | Name | STOMEL, VIVIAN | |
| Address | 10714 GREENBRIAR VILLA DR. | Address | 6782 N OCEAN BLVD | |
| City-State-Zip: | WELLINGTON FL 33449 | City-State-Zip: | OCEAN RIDGE FL 33435 | |
| Title | AMBR | Title | AMBR | |
| Name | STOMEL, JOSH | Name | SILVER, NOFAR | |
| Address | 6782 N OCEAN BLVD | Address | 10714 GREENBRIAR VILLA DR | |
| City-State-Zip: | OCEAN RIDGE FL 33435 | City-State-Zip: | WELLINGTON FL 33449 | |

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: VIVIAN STOMEL

MEMBER

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 09, 2024 Secretary of State 6000295517CC