| CITRUS SPRINGS, FL 34433 | | | | |
|--|--|-----------------|-----------------------------------|------------|
| FEI Number: 84-4275064 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| WELLS BUSINESS SOLUTIONS LLC 217 N APOPKA AVE INVERNESS, FL 34450 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 | E TABITHA WELLS | | | 04/18/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | AMBR | |
| Name | JOHNSON, PATRICK S | Name | JURASIK, STEFANIE L | |
| Address | 4390 W FINDLAY ST | Address | 4390 W FINDLAY ST | |
| City-State-Zip: | CITRUS SPRINGS FL 34433 | City-State-Zip: | CITRUS SPRINGS FL 34433 | |
| Title | AMBR | | | |
| Name | INDORATO, SAMANTHA D | | | |
| Address | 6233 E LYNN ST | | | |
| City-State-Zip: | INVERNESS FL 34452 | | | |

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: PATRICK JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

4390 W FINDLAY ST CITRUS SPRINGS. FL 34433

4390 W FINDLAY ST CITRUS SPRINGS EL 34433

Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L2000008240 Entity Name: INDOSON LLC

FILED Apr 18, 2022 **Secretary of State** 3418726227CC

04/18/2022 Date

MGR