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: ANALEE SEWELL

Electronic Signature of Signing Authorized Person(s) Detail

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. Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SEWELL, ANALEE	Name	SCOTT, ORVILLE
Address	93 DUNES LAKE CIRCLE APT J104	Address	93 DUNES LAKE CIRCLE APT J104
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000027206

Entity Name: A & O HOSPITALITY MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

93 DUNES LAKE CIRCLE **APT J104** SANTA ROSA BEACH, FL 32459

Current Mailing Address:

93 DUNES LAKE CIRCLE **APT J104** SANTA ROSA BEACH, FL 32459 US

FEI Number: 84-4781670

Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 US

SIGNATURE:

MANAGER

FILED Apr 10, 2022 Secretary of State 7230073254CC

Certificate of Status Desired: Yes

04/10/2022 Date

Date