FEI Number	r: 85-4082088		Certificate of Status Des	sired: No
Name and A	Address of Current Registered Age	nt:		
HANKS, ARIKA 10497 AVENTL JACKSONVILL				
The above name	d entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of cha E: ARIKA HANKS	anging its registered office or regis	tered agent, or both, in the State of F	ilorida. 09/30/202
	, , ,	anging its registered office or regis	tered agent, or both, in the State of F	
SIGNATURE	E: ARIKA HANKS	anging its registered office or regis	tered agent, or both, in the State of F	09/30/202
SIGNATURE Authorized	E: ARIKA HANKS Electronic Signature of Registered Agent	anging its registered office or regis	tered agent, or both, in the State of F	09/30/202
SIGNATURE Authorized	E: ARIKA HANKS Electronic Signature of Registered Agent Person(s) Detail :			09/30/202
SIGNATURE	E: ARIKA HANKS Electronic Signature of Registered Agent Person(s) Detail : OWNER	Title	AP	09/30/202

10497 AVENTURA DR

Entity Name: ARIKA HANKS LLC

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ARIKA ANN HANKS

OWNER

09/30/2021

Current Principal Place of Business:

10497 AVENTURA DR JACKSONVILLE, FL 32256

Current Mailing Address:

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT# L20000067609

Date

FILED Sep 30, 2021 Secretary of State 3233987433CR