| 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 | : VALERIE SILVA | | | 01/24/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | SILVA, VALERIE | Name | SILVA, NICOLLE | |
| Address | 14054 SW 276TH WAY | Address | 14054 SW 276 WAY | |

Current Principal Place of Business: 14054 SW 276TH WAY HOMESTEAD, FL 33032

Current Mailing Address:

7461 GENESTA AVE VAN NUYS, CA 91406 US

FEI Number: 85-1212593

Name and Address of Current Registered Agent:

SILVA, VALERIE 14054 SW 276TH WAY HOMESTEAD, FL 33032 US

City-State-Zip: HOMESTEAD FL 33032 City-State-Zip: HOMESTEAD FL 33032

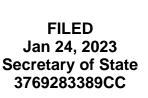
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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: VALERIE SILVA

PRESIDENT

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000135489 Entity Name: DOPEVIDUALS DIGITAL AGENCY LLC