that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KYLE CARDOZA

Title AMBR Name CARDOZA, KYLE Name 7901 4TH ST N STE 300 Address Address City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip:

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.

Current Mailing Address:

245 NE 14TH STREET

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH ST N **STE 300**

SIGNATURE:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000047847

Entity Name: THE SOCIAL ENGAGEMENT GROUP LLC

Current Principal Place of Business:

245 NE 14TH STREET APT 2102 MIAMI, FL 33132

APT 2102 MIAMI, FL 33132 US

Electronic Signature of Registered Agent

ST. PETERSBURG, FL 33702 US

Authorized Person(s) Detail :

AUTHORIZED MEMBER

04/14/2023

Date

FILED Apr 14, 2023 Secretary of State 4316749578CC

Certificate of Status Desired: No

Title AMBR **RIFAT AMI, TAWHID** 121 PLEASANT ST, UNIT 1 PROVIDENCE RI 02906

Date

Electronic Signature of Signing Authorized Person(s) Detail

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