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. 02/14/2024 MGRM

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

SIGNATURE: DELCOURT, DOMINIQUE

Electronic Signature of Signing Authorized Person(s) Detail

Title MGRM MORON, ASHLEY Name Address 5401 S. KIRKMAN RD. STE 310 City-State-Zip: ORLANDO FL 32819

LINDSEY JACK

| | , | | |
|---------------|--------------------------------|--|--|
| ddress | 5401 S. KIRKMAN RD. STE 310 | | |
| | OTE OTO | | |
| ity-State-Zip | ORLANDO EL 32819 | | |

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:

| Authorized Person(s) Detail : | | | |
|-------------------------------|--------------------------------|--|--|
| Title | MGRM | | |
| Name | MORON DELCOURT, L | | |
| Address | 5401 S. KIRKMAN RD. STE 310 | | |
| City-State-Zip: | ORLANDO FL 32819 | | |
| | Name Address | | |

FEI Number: 86-2131781

Name and Address of Current Registered Agent:

5401 S. KIRKMAN RD. STE 310

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L21000067354

Entity Name: LAFAYETTE FOOD PARTNERS, LLC

Current Principal Place of Business:

ORLANDO, FL 32819

Current Mailing Address:

10309 CYPRESS ISLE CT ORLANDO, FL 32836 US

DELCOURT, DOMINIQUE 10309 CYPRESS ISLE CT ORLANDO, FL 32836 US

FILED Feb 14, 2024 Secretary of State 6954638813CC

Certificate of Status Desired: No

Date

Date