Name and Address of Current Registered Agent: FADEL, SAMER 3913 MISSION DR 2 JACKSONVILLE, FL 32217 US 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: SAMER FADEL 07/17/2 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title VP Name FADEL, SAMER Name Address 3913 MISSION DR, 2 Address	3913 MISSI 2	ION DR			
FADEL, SAMER 3913 MISSION DR 2 JACKSONVILLE, FL 32217 US FADEL, SAMER TO SUBJECT OF THE SUBJECT OF				Certificate of Status Des	sired: No
JACKSONVILLE, FL 32217 US 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: SAMER FADEL 07/17/2 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title VP Name FADEL, SAMER Name ALJABER, TONY Address 3913 MISSION DR, 2 Address 4422 KINCARDINE DR	FADEL, SAME 3913 MISSION	ER E			
SIGNATURE: SAMER FADEL 07/17/2 Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title VP Title P Title VP Name FADEL, SAMER Name ALJABER, TONY Address 3913 MISSION DR, 2 Address 4422 KINCARDINE DR	—	LE, FL 32217 US			
Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title VP Title P Title VP Name FADEL, SAMER Name ALJABER, TONY Address 3913 MISSION DR, 2 Address 4422 KINCARDINE DR					
Authorized Person(s) Detail :TitlePTitleVPNameFADEL, SAMERNameALJABER, TONYAddress3913 MISSION DR, 2Address4422 KINCARDINE DR	The above name	ed entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of F	lorida.
TitlePTitleVPNameFADEL, SAMERNameALJABER, TONYAddress3913 MISSION DR, 2Address4422 KINCARDINE DR			g its registered office or regis	tered agent, or both, in the State of F	lorida. 07/17/2023
NameFADEL, SAMERNameALJABER, TONYAddress3913 MISSION DR, 2Address4422 KINCARDINE DR		E: SAMER FADEL	g its registered office or regis	tered agent, or both, in the State of F	
Address 3913 MISSION DR, 2 Address 4422 KINCARDINE DR	SIGNATUR	E: SAMER FADEL Electronic Signature of Registered Agent	g its registered office or regis	tered agent, or both, in the State of F	07/17/2023
	SIGNATUR Authorized	E: SAMER FADEL Electronic Signature of Registered Agent			07/17/2023
City-State-Zip: JACKSONVILLE 32217 City-State-Zip: JACKSONVILLE FL 32257	SIGNATUR Authorized	E: SAMER FADEL Electronic Signature of Registered Agent	Title	VP	07/17/2023
	SIGNATUR Authorized Title Name	E: SAMER FADEL Electronic Signature of Registered Agent Person(s) Detail : P FADEL, SAMER	Title Name	VP ALJABER, TONY	07/17/2023
	SIGNATUR Authorized Title Name Address	E: SAMER FADEL Electronic Signature of Registered Agent	Title Name Address	VP ALJABER, TONY 4422 KINCARDINE DR	07/17/2023

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: SAMER FADEL

Р

07/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000163840

Entity Name: THE ONE FOOD STORE LLC

Current Principal Place of Business:

660 MCDUFF AVE S JACKSONVILLE, FL 32205 FILED Jul 17, 2023 Secretary of State 1048029158CC