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: ELYSEE JEAN-CHARLES

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000290166

Entity Name: JEAN-CHARLES SUB SHOP LLC

Current Principal Place of Business:

35902 US HWY 27 HAINES CITY, FL 33844

Current Mailing Address:

35902 US HWY 27 HAINES CITY. FL 33844 US

FEI Number: 87-1392783

Name and Address of Current Registered Agent:

JEAN-CHARLES, ELYSEE 35902 US HWY 27 HAINES CITY, FL 33844 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

Auth

| Title | AMBR, AUTHORIZED MEMBER | Title | AMBR, AUTHORIZED MEMBER |
|-----------------|-------------------------|-----------------|-------------------------|
| Name | JEAN-CHARLES, TESSY | Name | JEAN-CHARLES, ELYSEE |
| Address | 35902 US HWY 27 | Address | 35902 US HWY 27 |
| City-State-Zip: | HAINES CITY FL 33844 | City-State-Zip: | HAINES CITY FL 33844 |

| NATUR | E: | | | | |
|----------------------------|--|------------|-------------------------|--|--|
| | Electronic Signature of Registered Agent | | | | |
| norized Person(s) Detail : | | | | | |
| | AMBR, AUTHORIZED MEMBER | Title | AMBR, AUTHORIZED MEMBER | | |
| е | JEAN-CHARLES, TESSY | Name | JEAN-CHARLES, ELYSEE | | |
| | 05000 110 1000 07 | A data a a | 05000 110 1 100/ 07 | | |

03/31/2022 **ELYSEE JEAN-CHARLES**

FILED Mar 31, 2022 Secretary of State 1625973125CC

Date

Certificate of Status Desired: Yes

Date