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

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: NOUR ALSHARIFE

FEI Number: 87-4587924 Name and Address of Current Registered Agent:

ZENBUSINESS INC. 336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE, FL 32301 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: KHADIJEH HEMMATI

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title AMBR ALSHARIFE, NOUR Name Address 420 NORTHEAST 52ND COURT City-State-Zip: OCALA FL 34470

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

Certificate of Status Desired: No

FILED Apr 10, 2024 Secretary of State 0560110367CC

> 04/10/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000024012

Entity Name: REAL NEIGHBORHOOD SOLUTIONS LLC

Current Principal Place of Business:

420 NORTHEAST 52ND COURT OCALA, FL 34470

Current Mailing Address:

420 NORTHEAST 52ND COURT OCALA. FL 34470 US