Entity Name: SUNSHINE SAFETY COUNCIL, INC.

Current Principal Place of Business:
661 BEVILLE ROAD
SUITE 206
SOUTH DAYTONA, FL 32119

Current Mailing Address:
661 BEVILLE ROAD
SUITE 206
SOUTH DAYTONA, FL 32119 US

FEI Number: 59-2372470
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
BUCKHANNON, WILLIAM
661 BEVILLE ROAD
SUITE 206
SOUTH DAYTONA, FL 32119 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: WILLIAM BUCKHANNON 02/18/2019
Electronic Signature of Registered Agent Date

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIRMEN OF THE BOARD</td>
<td>BUCHOLZ , LARRY</td>
<td>347 S. RIDGEWOOD AVE.</td>
<td>DAYTONA BEACH FL 32117</td>
</tr>
<tr>
<td>VICE CHAIRMAN</td>
<td>MEYER, KYLE</td>
<td>DAYTONA STATE COLLEGE</td>
<td>DAYTONA BEACH SHORES FL 32118</td>
</tr>
<tr>
<td>TREASURER</td>
<td>FUGLER, JANE</td>
<td>12 SOUTHLAND ROAD</td>
<td>ORMOND BEACH FL 32174</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>BUCKHANNON WILLIAM</td>
<td>661 BEVILLE ROAD SUITE 206</td>
<td>SOUTH DAYTONA FL 32119</td>
</tr>
</tbody>
</table>

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL GELTS OFFICE MANAGER 02/18/2019
Electronic Signature of Signing Officer/Director Date