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: SEADON, THOMAS S

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title PRES Title ADMN Name SEADON, THOMAS S Name WITTERMAN, TJ 1974 SE JOYNER CIRCLE Address 2096 SE ELMHURST RD Address City-State-Zip: City-State-Zip: PORT ST LUCIE FL 34952 Title ADMN OWENS, JENNIFER N Name 4988 SE MARINER GARDEN CIRCLE Address City-State-Zip: STUART FL 34997

PORT ST LUCIE, FL 34952 US

SIGNATURE:

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.

1974 SE JOYNER CIRCLE

1974 SE JOYNER CIRCLE PORT ST LUCIE. FL 34952

Current Mailing Address:

Current Principal Place of Business:

1974 SE JOYNER CIRCLE PORT ST LUCIE. FL 34952 US

FEI Number: 88-3486728

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SEADON, THOMAS S

DOCUMENT# N2200008710 Entity Name: ST. LUCIE SLUGGERS TRAVEL BASEBALL CLUB INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2023 Secretary of State 5608273924CC

Certificate of Status Desired: No

FILED

PORT ST LUCIE FL 34952

MANAGER

04/10/2023 Date

Date