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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA K. BORTON

Electronic Signature of Signing Officer/Director Detail

CLEARWATER, FL 33755 **Current Mailing Address:**

Current Principal Place of Business:

P. O. BOX 10293 CLEARWATER. FL 33757 US

FEI Number: 59-2051576

DOCUMENT# F14839

1006 GROVE STREET

Name and Address of Current Registered Agent:

BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33786 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:

Electronic Signature of Registered Agent **Officer/Director Detail :**

| Title | PD | Title | TS |
|-----------------|-------------------------|-----------------|-------------------------|
| Name | BORTON, PAMELA K | Name | BORTON, PAMELA K |
| Address | 499 HARBOR DRIVE | Address | 499 HARBOR DRIVE |
| City-State-Zip: | BELLEAIR BEACH FL 33786 | City-State-Zip: | BELLEAIR BEACH FL 33786 |

FILED Mar 11, 2022 Secretary of State 7645774758CC

Certificate of Status Desired: Yes

PRESIDENT

03/11/2022

Date

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTHWIND MANAGEMENT SERVICES, INC.

Date