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.

PRES

SIGNATURE: THOMAS J. CLIFFORD

Electronic Signature of Signing Officer/Director Detail

FEI Number: 31-1492174 Name and Address of Current Registered Agent:

DOCUMENT# P07000114499

Current Mailing Address:

Current Principal Place of Business:

CLIFFORD, THOMAS J 377 MALLORY CT NAPLES, FL 34110 US

377 MALLORY CT NAPLES. FL 34110 US

377 MALLORY CT NAPLES. FL 34110

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: THOMAS J CLIFFORD

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D
Name	CLIFFORD, THOMAS J
Address	377 MALLORY CT
City-State-Zip:	NAPLES FL 34110

Entity Name: SECLIFF RADIATOR AND AIR CONDITIONING, INC.

FILED Feb 10, 2023 Secretary of State 8707760296CC

Certificate of Status Desired: No

02/10/2023 Date

02/10/2023 Date
