

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016038

Entity Name: SAI FL HC2, INC.**Current Principal Place of Business:**4401 COLWICK ROAD
CHARLOTTE, NC 28211**Current Mailing Address:**4401 COLWICK ROAD
CHARLOTTE, NC 28211 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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_____
Date**Officer/Director Detail :**

Title DIRECTOR, VP, TREASURER
Name BYRD, HEATH R.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR, PRESIDENT
Name SMITH, DAVID B.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title SECRETARY
Name COSS, STEPHEN K.
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name RUSS, JOHN
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

Title VP
Name DYKE, JEFF
Address 4401 COLWICK ROAD
City-State-Zip: CHARLOTTE NC 28211

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: STEPHEN K. COSS**SECRETARY****02/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date