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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 09/26/2019

MGR

SIGNATURE: DEREK KIMBALL

City-State-Zip: LOXAHATCHEE FL 33470

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Title AUTHORIZED MEMBER KIMBALL, DEREK P KIMBALL, ALISSA D Name Name 15771 82ND STREET N. Address 15771 82ND STREET N. Address City-State-Zip: LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 City-State-Zip: Title AUTHORIZED REPRESENTATIVE Name ORBERG, MARK M Address 15771 82ND STREET N.

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:

15771 82ND STREET N. LOXAHATCHEE. FL 33470

Current Mailing Address:

FEI Number: 46-0878531

15771 82ND STREET N. LOXAHATCHEE. FL 33470

Name and Address of Current Registered Agent:

Entity Name: SURFSIDE SERVICES, LLC

Current Principal Place of Business:

KIMBALL, DEREK P 15771 82ND STREET N. LOXAHATCHEE, FL 33470 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000112994

FILED Sep 26, 2019 Secretary of State 3970913750CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date