Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE THE SIDWELL COMPANY

Certificate of Status	0
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FOX Audit #1800083009 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050	
statement of change is submitted for a corporation organ in order to change its registered office or registe	
 The name of the corporation: THE SIDWELL COMPAN The principal office address: 2570 Foxfield Road Suite 3 	6
2. The principal office address:	1
3. The mailing address (if different):	
4. Date of incorporation/qualitication: 6/2/2006	Document number: F06000003907
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigne	gent and registered office on file with the
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAL	2018 MAR
PLANTATION, FL 33324	
6. The name and street address of the new registered agen (if changed):	
Business Filings Incorporated	<u> </u>
1200 South Pine Island Road	
P.O. Box NOT	ecceptable
Plantation, Florida 33324	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent.
Such change was authorized by resolution duly adopted authorized by the board or the corporation has been not	
Signature of an object or director	Neal D Carpenter, President Practed or typed name and tale
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	ites relative to the proper and complete occur the obligation of my position as registered
Natel Signature of Registered Agent	8th day of March, 2018
If signing on behalf of an entity:	
Mark Williams, AVP	(
Typed or Printed Name	
* * * FILING FE	E: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLOR MAIL TO: DIVISION OF CORPORATIONS, P.C CR2E045 (03/12)	RIDA DEPARTMENT OF STATE D. BOX 6327. TALLAHASSEE, FL 32314
Fax Audit #18000	008/3009 3