665230

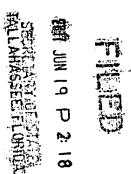
(Requestor's Name)
(Address)
(Address)
(ridaress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Daywood March 2
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800300319448

06/19/17--01025--006 **35.00



JUN 2 7 2017 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations Sido, Inc. Name of Corporation G65230 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Peters Name of Contact Person Sido, Inc. Firm/Company PO Box 5830 Address Lakeland, FL 33807-5830 City/State and Zip Code john.peters@steemer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Peters Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.	-	
1. The name of t	he corporation: Sido, Inc.			
2. The principal	office address: 3920 Anchuca Dr,	Ste 1, Lakeland, FL 33811		
3. The mailing as	ddress (if different): PO Box 5830,	Lakeland, FL 33807-5830		
4. Date of incorp	poration/qualification: 10/11/1983	Document number: G65230		
	street address of the current registered ag tment of State: (If resigned, enter resigned			
	John Peters			
	4318 Holden Rd			
	Lakeland, FL 33811			
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered office		
	John Peters			
	3920 Anchuca Dr, Ste 1			
	P.O. Box NOT: Lakeland, FL 33811	acceptable	n .	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of 183 registered age	nī,	
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an office to iffied in writing of the change.		
Signatur	re of an officer or director	John Peters, VP	_	
I further agree to performance of agent. Or, if this	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflet that the corporation has been notified in	d agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I		
Joh	Salar	June 15, 2017		
	nature of Registered Agent	Date	_	
	half of an entity:			
John Peters	S vped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *