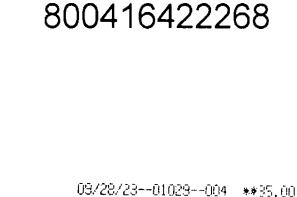
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**2023** 

CRETARY OF STATE

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: SCANDIA INC.
Name of Corporation

DOCUMENT NUMBER: P02000080328

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:

RUTH E THOMPSON
Name of Contact Person

Firm/Company
1572 VILLAGE CENTER DR, APT 108
Address
LAKELAND, FL 33803

City/State and Zip Code

INFO@USASCANDIA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUTH E THOMPSON

Name of Contact Person

at (863 )6606434

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

	in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  SCANDIA INC  2. The principal office address:  1572 VILLAGE CENTER DR. APT 108, LAKELAND, FL 33803				
	)3				
The mailing address (if different): 3616 HARDEN BLVD SUITE 338, LAKELAND, FL      Date of incorporation/qualification: 07/24/2002 Document number: P020			Document number: P02000086	0328	
		I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file wit resigned)		
		RUTH E THOMPSON	<u>. 2</u>	<b>2023</b> Sec	
		3616 HARDEN BLVD SUITE 33	38, LAKELAND, FL 33803	F I <b>2023 SEP 2</b> Secreta	
			:	8 . M	
A	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
		RUTH E THOMPSON			
		1572 VILLAGE CENTER DR, APT 108, LAKELAND, FL 33803			
			P.O. Box NOT acceptable		
	The street addre	ess of its registered office and the	ne street address of the business office of its	registered agent	
	Such change wa authorized by th	ns authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so	
		100ml	RUTH E THOMPSON		
		re of an officer or director	Printed or typed name and iitl		
	I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	igent and agree to act in this capacity. I all statutes relative to the proper and com I the obligation of my position as registered age in the registered office address, I hereby change.	plete performanc agent. Or, if this confirm that the	
(	Sul	160m	09.23.23		
	Sign	nature of Registered Agent	Date		
	If signing on be	half of an entity:			
	RUTH E THOM	PSON, PRESIDENT OF SCANDI	A		
	Ty	yped or Printed Name	_		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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