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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

\*\*Enter the email address for this business entity to be used for future

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number

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annual report mailings. Enter only one email address please \*\*... **∽E**mail Address:\_

## REGISTERED AGENT CHANGE SAILFISH CONTRACTING SERVICES INC

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

statement of ch	ange is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida Surganized under the laws of the State of <mark>Flo</mark> cgistered agent, or both, in the State of Flo	orida
1. The name of	the corporation: Sailfish Contrac	ting Services Inc	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 08/03/18	Document number: P180000	66999
	nd street address of the current registe artment of State: (If resigned, enter re-	red agent and registered office on file with signed)	the
	ORNDORFF, ANDREW	R	
	100 NEPTUNE DRIVE		
	HYPOLUXO, FL 33462		
6. The name an (if changed):	2	agent (if changed) and /or registered offic	:e
	Registered Agents Inc.		170.i
	7901 4th St N STE 300		
	St. Petersburg FL 33702	O. Box NOT acceptable	海沿
The street addr	ress of its registered office and the st ll be identical.	rect address of the business office of its	registered agent.
Such change wanthorized by t	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an on notified in writing of the change.	Micer so A
Andre		Andrew Orndorff, Presid	
I hereby accept I further agree of my duties, at document is be	we of an officer or direct HO  If the appointment as registered ages  To comply with the provisions of all  Ind I am familiar with and accept the  sing filed merely to reflect a change  us been notified in writing of this cha	Printed or typed name and title at and agree to act in this capacity, statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby inge.	
Bel Hame		1/31/22	
Si	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Bill Havre			
j	Typed or Printed Name	~ PPF. 675 AA + + +	
	" " " F1L1N(	G FEE: \$35.00 * * *	

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