## P18 0000 84176

Office Use Only



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## COVER LETTER

| TO:                 | Amendment Section Division of Corporations   | • •  |
|---------------------|--|--|
| <b>SUBJ</b><br>Name | ECT: SD Bonanza, Inc. of Corporation         |  |
| DOC                 | UMENT NUMBER: P18000084176                   | <del></del>  |
| The er              | nclosed Statement of Change of Registered    | Office/Agent and fee are submitted for filing.           |
| Please              | e return all correspondence concerning this  | matter to the following:                                 |
| Cara C              | Cassavoy                                     |  |
| Name                | of Contact Person                            |  |
| Satcor              | n Direct Communications, Inc.                |  |
| Firm/               | Company                                      |  |
| 1050 5              | Sateom Lane                                  |  |
| Addre               | ess  |  |
|                     | ourne, FL 32940                              |  |
| City/S              | State and Zip Code                           |  |
|                     | ccasssavoy@satcomdirect.com                  | n  |
| E-ma                | il address: (to be used for future annual    | report notification)                                     |
| For fu              | urther information concerning this matter, p | please call:   |
| Cara C              | Cassavoy                                     | at (321 ) 525-4504  Area Code & Daytime Telephone Number |
|                     | Name of Contact Person                       | Area Code & Daytime Telephone Number                     |
| Enclo               | sed is a \$35.00 check made payable to the   | Department of State.                                     |
|                     | Mailing Address: Amendment Section           | Street Address: Amendment Section                        |
|                     | Division of Corporations                     | Division of Corporations                                 |
|                     | P.O. Box 6327                                | The Centre of Tallahassee                                |
|                     | Tallahassee, FL 32314                        | 2415 N. Monroe Street, Suite 810                         |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\frac{\Gamma}{\Gamma}$ in the State of Fire change its registered office or registered agent, or both, in the State of F   | lorida                   | ı                            |                                |
|---|--|--------------------------|------------------------------|--------------------------------|
| 1. The name of t  | he corporation: SD Bonanza, Inc.   |                          |                              |                                |
|   | office address: 1050 Satcom Lane Melbourne, FL 32940   |                          |                              |                                |
| 3. The mailing a  | ddress (if different): 1050 Satcom Lane Melbourne, FL 32940  | <u>-</u>                 |                              |                                |
| 4. Date of incorp   | poration/qualification: 10/15/2018 Document number: P1800008   | 4176                     |                              |                                |
| 5. The name and   | I street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)  |                          | 2                            |                                |
|   | Incorp Services Inc.   |                          | 020 (                        |                                |
|   | 17888 67th Court North   | _                        | 020 OCT 13                   | 7-3                            |
|   | Loxahatchee, FL 33470  |                          | 3 AM                         |                                |
| 6. The name and (if changed):   | I street address of the new registered agent (if changed) and /or registered off   | ice                      | 4 6: 33                      | 0                              |
|   | Mark Consigli  | _                        |                              |                                |
|   | 1050 Satcom Lane   |                          |                              |                                |
|   | P.O. Box NOT acceptable Melbourne, FL 32940  |                          |                              |                                |
|   | ess of its registered office and the street address of the business office of it be identical.  as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.   |                          |                              | agent,                         |
| authorized by the Signatu   | Tachard Cottle  re of an officer or director  The board, or the corporation has been notified in writing of the change.  Tachard Cottle  Finded or typed name and fit  |                          |                              | <u>&gt;_</u>                   |
| thereby accept<br>I further agree<br>of my duties, an<br>document is bet<br>corporation has | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and com at I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I herely sheen notified in writing of this change. | iplete<br>d age<br>y coi | r perfo<br>nt. Or<br>nfirm t | rmance<br>; if this<br>hat the |
| _/www.  | nature of Registered Agent Date  | 200                      | 20_                          |                                |
| If signing on be  | half of an entity:   |                          |                              |                                |
| Mark  | yped or Printed Name   |                          |                              |                                |

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