100 SOUTH AS SUITE 1600 TAMPA, FL 336			
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: TOWNSEND BELT		10
	Electronic Signature of Registered Agent		
Officer/Dired	ctor Detail :		
Title	PD	Title	STD

Name

Address

City-State-Zip:

HIALEAH, FL 33010

575 WEST 18TH STREET

DOCUMENT# K55041

Entity Name: SFD, INC.

**Current Principal Place of Business:** 

## **Current Mailing Address:**

**5807 MARINER STREET** TAMPA FL 33609 US

## FEI Number: 59-2922322

## Name and Address of Current Registered Agent:

GUAGLIARDO SR, SALVATORE J.

5807 MARINER ST

City-State-Zip: TAMPA FL 33609

BELT, TOWNSEND 100 SU TAN

Name

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE J GUAGLIARDO SR	PD	10/16/2022
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## FILED Oct 16, 2022 Secretary of State 9550474739CR

Certificate of Status Desired: No

GUAGLIARDO JR. SALVATORE J

2209 NORTH 40TH STREET

TAMPA FL 33605

Date

0/16/2022 Date

Electronic Signature of Signing Officer/Director Detail