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: TRAVIS M STRICKLAND

Electronic Signature of Signing Officer/Director Detail

2023	FLORIDA PROF	IT CORPORATION	ANNUAL REPORT

DOCUMENT# P07000105966

Entity Name: SUNLAND DISTRIBUTION OF FLORIDA, INC.

Current Principal Place of Business:

5916 WAVERLY ROAD WAVERLY, FL 33877

Current Mailing Address:

P.O. BOX 554 WAVERLY, FL 33877 US

FEI Number: 26-1149923

Name and Address of Current Registered Agent:

TAYLOR JOHNSON PL 20 3RD STREET SW SUITE 209 WINTER HAVEN, FL 33880 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PSD	Title	OPS MG
Name	WORTELMAN, GUY	Name	STRICKLAND, TRAVIS M
Address	5916 WAVERLY ROAD	Address	5916 WAVERLY ROAD
City-State-Zip:	WAVERLY FL 33877	City-State-Zip:	WAVERLY FL 33877

Date

Certificate of Status Desired: No

Date

OPS MG

05/01/2023

FILED May 01, 2023 Secretary of State 8129041292CC