2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2024
Secretary of State
9218881413CC

DOCUMENT# P12000059862

Entity Name: SOLSTICE ADMINISTRATION SERVICES, INC.

Current Principal Place of Business:

7901 SW 6TH CT
SUITE 400
PLANTATION, FL 33324

Current Mailing Address:

7901 SW 6TH CT
SUITE 400
PLANTATION, FL 33324 US

FEI Number: 46-0729622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	CFO
Name	SHELDON, KENNETH MARK	Name	DAVIS, MITCHELL ROBERT
Address	7901 SW 6TH CT SUITE 400	Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	SECRETARY	Title	TREASURER
Name	BRODY, MICHAEL CHARLES	Name	GILL, PETER MARSHALL
Address	7901 SW 6TH CT SUITE 400	Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	DIRECTOR	Title	DIRECTOR
Name	FERRERA, CARLOS [NMN]	Name	VAN HAM, COLLEEN HASTING
Address	7901 SW 6TH CT SUITE 400	Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	ASST. SECRETARY	Title	DIRECTOR
Name	ZUBA, JESSICA LEIGH	Name	WIFFLER, THOMAS PATRICK
Address	7901 SW 6TH CT SUITE 400	Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324

Continues on page 2

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: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 04/19/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRODY, MICHAEL CHARLES
Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324

Title	ASST. SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324