SIGNATURE: Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Р	Title	VP	
Name	BROWN, CHRISTOPHER M	Name	BROWN, PENELOPE A	
Address	11615 TIMBERLINE CIRCLE	Address	11615 TIMBERLINE CIRCLE	
City-State-Zip:	FORT MYERS FL 33966	City-State-Zip:	FORT MYERS FL 33966	

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.

2022 FLORIDA PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# P17000040709

Entity Name: STRONGSIDE, INC.

## **Current Principal Place of Business:**

1010 NE 8TH ST. #11 CAPE CORAL, FL 33909

## **Current Mailing Address:**

1010 NE 8TH ST. #11 CAPE CORAL, FL 33909

# FEI Number: 82-1450117

## Name and Address of Current Registered Agent:

**BROWN, CHRISTOPHER M** 11615 TIMBERLINE CIRCLE FORT MYERS, FL 33966 US

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.

PRESIDENT

# SIGNATURE: CHRISTOPHER M BROWN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/04/2022

Date