

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000089440

Entity Name: 2 OG MANAGEMENT, INC.**Current Principal Place of Business:**8144 B OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411**Current Mailing Address:**8144 B OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411 US**FEI Number:** 83-2382169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APPELGATE, THOMAS A.
8144 B OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411 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:** THOMAS A. APPELGATE

03/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SCHICKEDANZ, WALDEMAR
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title D
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title P
Name SCHICKEDANZ, WALDEMAR
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title S
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title T
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

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: GERHARD H SCHICKEDANZ

S

03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date