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.

DCEO

above, or on an attachment with all other like empowered.	
SIGNATURE: PAUL HERTZ	

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P98000069175

Entity Name: SHADOWFREE PUBLISHING COMPANY

Current Principal Place of Business:

300 S. POINTE DRIVE #3605 MIAMI BEACH, FL 33139

Current Mailing Address:

300 S. POINTE DRIVE #3605 MIAMI BEACH, FL 33139 US

FEI Number: 65-0878930

Name and Address of Current Registered Agent:

LEVINE, DEBRA 300 S. POINTE DRIVE #3605 MIAMI BEACH, FL 33139 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	PD	Title	DCEO		
Name	LEVINE, DEBRA	Name	HERTZ, PAUL		
Address	300 S. POINTE DRIVE 3605	Address	300 S. POINTE DR., #3605		
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139		

Electronic Signature of Signing Officer/Director Detail

FILED Jul 13, 2023 Secretary of State 6896559329CC

Certificate of Status Desired: No

07/13/2023 Date

Date