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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 05/10/2023 MGRM

SIGNATURE: SHARON ROCHELLE AVIDON

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L0300008417

Entity Name: S.D.F. SPECIALISTS, LLC

Current Principal Place of Business:

508 NARROW VIEW LANE GROVELAND. FL 34736

Current Mailing Address:

508 NARROW VIEW LANE GROVELAND, FL 34736 US

FEI Number: 59-3011160

Name and Address of Current Registered Agent:

AVIDON, SHARON ROCHELLE 508 NARROW VIEW LANE GROVELAND, FL 34736 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:	SHARON ROCHELLE AVIDON			05/10/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MANAGER	
Name /	AVIDON, SHARON R	Name	AVIDON, MONTGOMERY SCOT	т
Address	508 NARROW VIEW LANE	Address	411 CIDERMILL ROAD	

City-State-Zip: GROVELAND FL 34736

FILED
May 10, 2023
Secretary of State
7754026883CC

Certificate of Status Desired: Yes

City-State-Zip: LAKE MARY FLORIDA FL 32746

Date