FEI Number: 46-1148491			Certificate of Status Desired: No	
Name and A	ddress of Current Registere	d Agent:		
SHOOP, SAND 15633 CARLTC WIMAUMA, FL	N LAKE RD			
The above named	d entity submits this statement for the purpo	ose of changing its registered office or regist	ered agent, or both, in the State	of Florida.
SIGNATURE	E: SANDRA L SHOOP			04/12/2022
	Electronic Signature of Registered	Agent		Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	MGRM	
Name	SHOOP, SANDRA L	Name	SHOOP, BRIAN L	
Address	PO BOX 204	Address	PO BOX 282	
City-State-Zip:	BALM FL 33503	City-State-Zip:	BALM FL 33503	
Title	MGRM			
Name	SHOOP, JUSTIN M			
Address	2028 15TH ST SE			

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.

SIGNATURE: BRIAN L SHOOP

City-State-Zip: RUSKIN FL 33570

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SWEETPRO SOUTHEAST DISTRIBUTOR, LLC

Current Principal Place of Business:

15633 CARLTON LAKE RD WIMAUMA, FL 33598

Current Mailing Address:

PO BOX 204 BALM, FL 33503 US

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2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L12000127741

FILED Apr 12, 2022 **Secretary of State** 0557619434CC

MGRM

04/12/2022

Date