that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL C BARRETT Electronic Signature of Signing Authorized Person(s) Detail

203 EDGEWATER DR

FEI Number: 81-1129489

Name and Address of Current Registered Agent:

BARRETT, PAUL C 203 EDGEWATER DR PENSACOLA, FL 32507 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

Authorized Person(s) Detail :

Title MGR BARRETT, PAUL C Name Address 203 EDGEWATER DR City-State-Zip: PENSACOLA FL 32507

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

PRESIDENT

FILED Mar 16, 2020 Secretary of State 7048454818CC

Certificate of Status Desired: No

Date

03/16/2020 Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000004994

Entity Name: SOUTHERN CLOUD ACCOUNTING LLC

Current Principal Place of Business:

2629 CREIGHTON RD #3 PENSACOLA, FL 32504

Current Mailing Address:

PENSACOLA, FL 32507