# SIGNATURE: ORQUIDEA E CASTELLON

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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

City-State-Zip: MADEIRA BEACH FL 33708

5523 WEST CYPRESS BLVD SUITE 100

#### **Current Mailing Address:**

5523 WEST CYPRESS BLVD SUITE 100 TAMPA, FL 33607

#### FEI Number: 51-0497244

#### Name and Address of Current Registered Agent:

CASTELLON, ORQUIDEA E 553 JOHN PASS AVENUE MADEIRA BEACH, FL 33708 US

City-State-Zip: REDINGTON BEACH FL 33708

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			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	MEHLTRETTER, SARA J	Name	CASTELLON, ORQUIDEA E	
Address	16124 4TH ST. E	Address	553 JOHNS PASS AVENUE	

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026391

Entity Name: S2S DIGITAL, INC.

### **Current Principal Place of Business:**

TAMPA, FL 33607

Jan 30, 2024 Secretary of State 4670287713CC

FILED

Certificate of Status Desired: Yes

01/30/2024 Date