

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sbrewer@annualregistration.com

REGISTERED AGENT CHANGE SURYS INC.

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Corporate Filing Menu

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COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation

F14000001146

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN BAKER

Name of Contact Person

SURYS INC.

Firm/Company

20 NUTMEG DRIVE

Address

TRUMBULL, CT 06611

City/State and Zip Code

sbrewer@annualregistration.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization order to change its registered office or registered.	ed under the laws of the State of Delaware	
1. The name of the corporation: SURYS INC. 2. The principal office address: 20 NUTMEG DRIVE TRUMBULL, CT 06611		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/13/2014	Document number: F14000001146	
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)	-	
CORPORATION SERVICE CO	DMPANY	
1201 HAYS STREET		
TALLAHASSEE, FL 32301	2817	
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	
URS AGENTS, LLC		
3458 LAKESHORE DRIVE		
P.O. Box NOT & TALLAHASSEE, FL 32312	exeptable 5	
The street address of its registered office and the street as as changed will be identical.	ldress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notified.	y its board of directors or by an officer so ied in writing of the change.	
	William Mahoney	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and accapent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	auree to act in this canacity	
K. P25	15/18/5012	
Signature of Registered Agent If signing on behalf of an entity:	Dute	
Kanetha Bishop, Assistant Secretary Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12) (((H17000331218 3)))