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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number: I20160000048 : (800)345-4647 Fax Number : (800)432-3622

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

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## REGISTERED AGENT CHANGE S.P. RICHARDS COMPANY

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STATEMENT OF CHANGE OF REGISTERED C FOR CORPORATIONS	FILE OF REGISTERED ROLL OF DOLL
Pursuant to the provisions of sections 607.0502, 617.050 tatement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State of GEORGIA
. The name of the corporation: S. P. RICHARDS	S COMPANY
The principal office address: 6525 HARNEY RD, 1	FAMPA, FL 33610
3. The mailing address (if different): 4300 Wildwood I	Perkway Allenta, GA 30339
4. Date of incorporation/qualification: 8/18/1975	Document number: 834872
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigne	igent and registered office on file with the
CT CORPORATION SYSTEM	
1200 SOUTH PINE ISLAND ROAL	<u> </u>
PLANTATION, FL 33324	
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office
Capitol Corporate Services, Inc.	
515 East Park Avenue 2nd FI	MMP(S)
Р.О. во Таllahassee, FL 32301	x NOT acceptable
	address of the business office of its registered agent.
The street address of its registered office and the street as changed will be identical.	and the second s
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an officer so nified in writing of the change.
Signature of an officer or director	Doug Sawyer, Chief Executive Officer Wield or typed name and title
I hereby accept the appointment as registered agent ar I further agree to comply with the provisions of all stat of my duties, and I am lamiliar with and accept the ob- document is being filed merely to reflect a change in the corporation has been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this ne registered office address, I hereby confirm that the t.
VXXAPTER QUELAND	09/10/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Yvette Cleveland, Assistant Secretary on be	ehalf of Capitol Corporate Services, Inc.
* * * FILING F	EE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FL MAIL TO: DIVISION OF CORPORATIONS, I	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314