

F0000000002284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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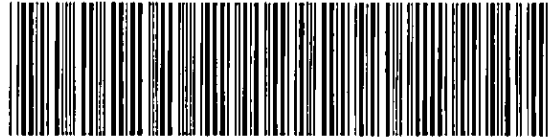
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/19/2019

Acc#I20160000072

en: c DW

Name:	SCIENCE AND MANAGEMENT RESOURCES, INC.
Document #:	
Order #:	12408093

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
	☐		
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Amount: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Science and Management Resources, Inc.

Name of Corporation

DOCUMENT NUMBER: F00000002284

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:

Sheree Riffenburg

Name of Contact Person

Science and Management Resources, Inc.

Firm/Company

2801 E Olive Rd

Address

Pensacola, FL 32514-6233

City/State and Zip Code

sriffenburg@smrpcola.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCIENCE AND MANAGEMENT RESOURCES, INC.

2. The principal office address: 2801 E. Olive Road, Pensacola, FL 32514

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/26/2000

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ELEANOR L. FROMMEL
5340 SUSSEX LANE
PACE, FL 32571

Document number: F00000002284

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

April Wittenwyler, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

11/19/2019

Date

If signing on behalf of an entity:

Christine Kelm-Asst. Secretary

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314