## F02 000000 2733

	_		
(R	tequestor's Name)		
(A	ddress)		
(Address)			
	City/State/Zip/Phone #)		
(0	ntyrotaterzipir-none #j		
PICK-UP	WAIT	MAIL	
<del></del>	_		
(Business Entity Name)			
•	, ,		
(Document Number)			
Certified Copies	Certificates of S	tatus	
Special Instructions to	o Filina Officer:	- <u> </u>	
Openial mandations to 1 ming Officer.			

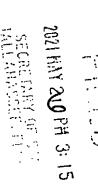
Office Use Only



300366345893

05/26/21--01017--004 \*\*35.00

relinfer HT





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: May 24, 2021

Order#: 825537-034

Re: SCULLY COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 \_\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of PAregistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: SCULLY COMPAN	17	
2. The principal	office address: 801 OLD YORK RI	D, JENKINTOWN, PA 19046	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 05/31/2002		Document number: F02000002733	
5. The name and		ered agent and registered office on file with the	
	NRAI SERVICES, INC.		
	1200 S PINE ISLAND RD		
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registere  Corporation Service Company	d agent (if changed) and /or registered office	
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent.	
Such change was authorized by the	is authorized by resolution duly ac te board, or the corporator has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
	af J. Stulle	Michael A Scully Via President	
I hereby accept I further agree t of my duties, an document is beit corporation has Corporation	the appointment as redistered age o comply with the provisions of a d I am familiar with and accept th ney filed merely to reflect a change been notified in writing of this ch n Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the wange.	
	- t-Knoy	05/21/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
1)	ped or Printed Name		

\* \* \* FILANG FEE: \$35.00 \* \* \*