Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000456143)))



H210000456143ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:	•	, C.	•
FIING X I	Muui Caa.	 <del></del>	: ::	1
		~		•

## REGISTERED AGENT CHANGE SYMPHONY SERVICES ENGINEERING CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

By:

Page: 3 of 3

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

statement of chai	provisions of sections 607.0502, 617.050. The is submitted for a corporation organi To change its registered office or registe	ized under the laws of the State of $\overline{\mathbb{D}}$	F
	he corporation: SYMPHONYSERVICES		
2. The principal	office address: 135ROUTE202/206SUIT	E7BEDMINSTER,NJ07921	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration qualification: 03/03/2008	Document number: F0800000	0947
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file wit	
	CORPORATIONSERVICECOMPANY		
	1201HAYSSTREET		
	TALLAHASSEE,FL32301-2525		
6. The name and (if changed):	street address of the new registered ages	и (if changed) and /or registered offi	2021 FEB -2
			<u> </u>
	1200SouthPineIslandRoad		
	P.O. Box Plantation, Florida 33324	NOT acceptable	AM III
The street addre	ess of its registered office and the street be identical.	address of the business office of its	registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors or by an officed in writing of the change.	officer so
Michella	Extein Taigman	Michelle Epstein Taigman, V.P.	and Secretary
Sigioni	re ht an officer or director	Printed or typed name and till	e
I furthèr agrée i of my duies, an document is bei	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the Ebeen notified in writing of this change.	ntes relative to the proper and com igation of my position as registered è registèred office address, I hereb	pletc performance Lagent. Or, if this y confirm that the
C TCorporation		2/2/21	
Sig	initiate of Registered Agent	Date	
If signing on be	half of an entity:		
Tracy Kellner	Asst. Secretary		
T	sped or Printed Name		
	* * * FILING FE	EE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)