

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.

(((H20000125908 3)))



		ESH/RELOAD button on your browser from will generate another cover sheet.	;
To:			
	Division of Cor	porations	
	Fax Number	: (850)617-6380	
From:			
	Account Name	: LEGALINC CORPORATE SERVICES INC.	::
	Account Number	: I20180000011	1
	Phone	: (844)386-0178	
	Fax Number	: (214)317-4754	
		s for this business entity to be used for ngs. Enter only one email address please.	
Ema	il Address:		_

Certificate of Status	0
Certified Copy	0
Page Count][01];
Estimated Charge	\$35.00

(((H20000125908 3)))

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

•	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware
	r registered agent, or both, in the State of Florida.
1. The name of the corporation: Somero Enterprise	es, Inc
2. The principal office address: 14530 Global Park	way Fort Myers, FL 33913
3. The mailing address (if different):	
4. Date of incorporation/qualification:07/08/2003	8 Document number: F08000003024
The name and street address of the current regi- Florida Department of State: (If resigned, enter	stered agent and registered office on file with the resigned)
CORPORATION SERVICE COM	MPANY - E
1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	
6. The name and street address of the new register (if changed):	-: 5
LEGALINC CORPORATE SERV	VICES INC.
5237 SUMMERLIN COMMONS	BLVD, SUITE 400
	PO Box NOT acceptable
FORT MYERS, FL, US, 33907	
	e street address of the business office of its registered agen
Such change was authorized by resolution duly authorized by the board, or the corporation has t	adopted by its board of directors or by an officer so been notified in writing of the change.
()ala	John Yuncza Chief Financial Officer
Sylvature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered a I further agree to comply with the provisions of of my duties, and I am familiar with and accept document is being filed merely to reflect a chang corporation has been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if th ye in the registered office address, I hereby confirm that th change.
ali For	04/07/2020
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Erik Treutlein, Director of LEGALINC CORPO	PRATE SERVICES INC.
Typed or Printed Name	DVC DDD - 626 00 + + +
- 127	ING FEE: \$35.00 * * *
make checks payable Mail, to: Division of Corporati	TO FLORIDA DEPARTMENT OF STATE IONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)