Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA00000023 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:

REGISTERED AGENT CHANGE SUPERIOR INTERNATIONAL INDUSTRIES, INC.

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

2019 JAN 11 AM II: 25

Electronic Filing Menu

Corporate Filing Menu

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C GOLDEN JAN 1 4 2019

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

statement of ch	ange is submitted for a corpord	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Delaware	
	-	re or registered agent, or both, in the State of Florida.	
			_
3. The mailing a	address (if different): no change		
4. Date of incor	poration/qualification: 08/08/2	008 Document number: F08000003523	_
5. The name and Florida Depart	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file with the	
	CORPORATION SERVICE CO	OMPANY	£
	1201 HAYS STREET TALLAR	egistered agent and registered office on file with the heter resigned) OMPANY HASSEE, FL 32301-2525	3
			ļ
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 12	00 South Pine Island Road	
	P. Plantation, Florida 33324	O. Box NOT acceptable	
The street addre	ss of its registered office and the identifical.	the street address of the business office of its registered agent,	
Such change wa nuthorized by th	s authorized by resolution dul e bourn, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
		Jennifer Kurz, Vice President	
hereby accept further objects performance of s agent. Or, if thi	o comply with the provisions o my duties, and I am familiar w s document is being filed mere	Printed or typed name and tille agent and agree to act in this capacity. If all statutes relative to the proper and complete with and accept the obligation of my position as registered with to reflect a change in the registered office address, I notified in writing of this change.	
By: Tr.Corp	oration System	1/11/2019	
· //-	ature of Registered Agent	Date	
f signing on beh	half of an entity: Alfred	Younan	
	Assistant	Secretary	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)