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CRM 9/26/14



PORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 314049 4806334

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 25, 2014

ORDER TIME : 3:01 PM

ORDER NO. : 314049-005

CUSTOMER NO: 4806334

CHANGE OF AGENT

NAME: SURFSIDE COFFEE COMPANY 2 INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations Surfside Coffee Company 2 Inc. SUBJECT: Name of Corporation 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: Andrea Duncliffe Name of Contact Person McDermott Will & Emery LLP Firm/Company 340 Madison Avenue Address New York, NY 10173 City/State and Zip Code aduncliffe@mwe.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Duncliffe at (

)

547-5317

Name of Contact Person Area Code & Daytime Teleph

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

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, the nized under the laws of the State ofterd agent, or both, in the State of Florida.	his
1. The name of t	he corporation: Surfside Coffee Compa	ny 2 Inc.	
2. The principal	office address: c/o Fireman Capital Part	tners, 800 South Street, Suite 600, Waltham,	MA 02453
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/22/14	Document number: H14000222607	
	street address of the current registered a trnent of State: (If resigned, enter resigne	agent and registered office on file with the ed)	
	C T Corporation System		
	1200 South Pine Island Road	70	م بد
	Plantation, Florida 33324		S 77
6. The name and (if changed):	street address of the new registered age	int (if changed) and /or registered office	(N)
	Corporation Service Company		
	1201 Hays Street	OR	9: 09 9: 09
	P.O. Box NOT	C acceptable	
	Tallahassee	FL 32301	
as changed will	be identical.	address of the business office of its registere	U
authorized by th	e board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.	
	n **	Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the of an other or director the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to refl that the torporation has been notified i n,Service Company	nd agree to act in this capacity. Sutes relative to the proper and complete accept the obligation of my position as registe lect a change in the registered office address	ered , I
By:	() III	9/24/14	
	Trey Williams	Date	
Ту	ped or Printed Name * * * FILING FE	CE: \$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)