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R. WHITE



COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| SUBJI | ECT: Stuller Service Centers, Inc. | |
| | Name of Corporation | |
| DOCU | UMENT NUMBER: F15000000992 | |
| The en | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | |
| Please | e return all correspondence concerning this matter to the following: | |
| | Jason Patten | |
| | Name of Contact Person | |
| | Stuller Service Centers, Inc. Firm/Company | |
| | 302 Rue Louis XIV Address | |
| | Lafayette, LA 70508 | |
| | City/State and Zip Code | |
| | Jason_Patten@Stuller.com E-mail address: (to be used for future annual report notification) | |
| | L-man address. (to be used for future aimdar report nonneation) | |
| For fur | rther information concerning this matter, please call: | |
| J | Jason Patten at (337) 262-7700 X493 Name of Contact Person Area Code & Daytime Telephone Num | 2 ber |
| Enclos | sed is a \$35.00 check made payable to the Department of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Till large FL 22214 Street Address: Amendment Section Division of Corporations Clifton Building | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | |

Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Louisiana in order to change its registered office or registered agent, or both, in the State of Florida. | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1. The name of the corporation: Stuller Service Centers, Inc. | |
| 2. The principal office address: 302 RUE LOUIS XIV, LAFAYETTE, LA 70508 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 03/10/2015 Document number: F15000000992 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | |
| CANTLIN, CHRISTINA | |
| 101 W. Beach Place · Ste. 2503 | |
| 101 W. Beach Place · Ste. 2503 Tampa, FL 33606 | .4. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| InCorp Services, Inc. | ı |
| 17888 67th Court North | |
| P.O. Box NOT acceptable | |
| Loxahatchee, FL 33470 | |
| The street address of its registered office and the street address of the business office of its registered agen as changed will be identical. | t, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. | |
| George D. Clark, Jr. Presi Printed or typed name and title | dent |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | |
| January 18, 2017 | |
| Signature of Registered Agent Date | |

If signing on behalf of an entity:

<u>Leora Nealey on behalf of InCorp Services, Inc.</u>
Typed or Printed Name

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