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Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Cmall.	Address:			

## REGISTERED AGENT CHANGE SEVEN C'S BUILDING MAINTENANCE, INC

Certificate of Status	0
Certified Copy	1
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7,0502, 607,1508, or 617,1508, Florida , organized under the laws of the State of _	New Jen		
m orde	r to change its registered office or i	registered agent, or both, in the State of F	-lorida.		
1. The name of t	the corporation: SEVEN C'S BUILE	DING MAINTENANCE, INC			
2. The principal	office address: 133 G GAITHER DI	RIVE, SUITE G, Mount Laurel, NJ 08054			
3. The mailing a	ddress (if different):				
4. Date of incorp	Document number: F1600000	00746			
	street address of the current register truent of State: (If resigned, enter re	ered agent and registered office on file wi esigned)	ith the		
	CALLAN, MARGARET				
	- -				
	NAPLES, FL 34113		O	20	
6. The name and (if changed):	street address of the new registered	TACK A	2024 FEB 2		
	CT Corporation System			2	j [
	1200 South Pine Island Road		SE CO	<b>3</b> S	8
	1	O Box NOT acceptable	775	<u> </u>	
	Plantation, Florida 33324		- 5		
The street addre	ess of its registered office and the s be identical.	street address of the business office of it	s registe	red age	ent,
Such change wa authorized by the	synuthorized by resolution duly ac to board, or the corporation has be	dopted by its board of directors or by an en notified in writing of the change.	officer:	SO	
MC [J	wer -	Eric Jensen, Attorney In Fact			
( 7	re of an officer or director	Printed or typed name and In	ile		_
I further agree t of my duties, an document is bet corporation has	o comply with the provisions of all d.l. am familior with and accept the ptiled merely to reflect a change been notified in writing of this ch	int and agree to act in this capacity. I statutes relative to the proper and con we obligation of my position as registered in the registered office address, I hereb ange.	a agent.	Or, if	tms
C'UC orperation	Connuc	2/19/2024			
Sign	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
Rachel O'Connor	, Assistant Secretary				
Ty	oped or Printed Name				

\* \* \* 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 (04/13)

By: