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(((H22000207285 3)))



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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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िं। Email Address:

REGISTERED AGENT CHANGE SAM TELL AND SON, INC.

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J. HORNE

JUN 15 2022

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COVÉR LETTER

TO: Amendment Section Division of Corporations

SAM TELL AND SON, INC. SUBJECT: Name of Corporation F16000004264 DOCUMENT NUMBER: 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: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy Area Code & Daytime Telephone Number Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or i	organizec	l under the law	s of the State of _	New York		_
1. The name of t	he corporation: SAM TELL AN office address: 300 SMITH S	ID SOI	N, INC. FFARMIN	GDALE, NY	11735	<u> </u>	-
_	ddress (if different):						
4. Date of incorp	poration/qualification: 9/23/201	6	_ Document n	umber: F16000	000426	4	
	street address of the current registe tment of State: (If resigned, enter re		t and registered	I office on file wi	th the		
	BLUMBERGEXCELSIOR C	ORPO	RATE SERV	/ICES, INC.			
		1ST F	-				
	TALLAHASSEE,		FL	32301	-		
6. The name and (if changed):	Registered Agent Solu		• ,	/or registered off	fice :	SECRET	2022 JUN 14
	155 Office Plaza Dr.		Suite A		200	ARY	<u>+</u>
	Tallahassee	P.O. Box NC	T acceptable 32301			. S. 30	P# 12:
The street addre	ess of its registered office and the s be identical.	street add	ress of the bus	siness office of it	s registere		
Such change wa authorized by th	is authorized by resolution duly ac ne board, or the corporation has be	lopted by en notific	its board of d	irectors or by an f the change.	officer so		
/s/ Micha	- -	Mi	chael Bitor		CFO		_
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of all am familiar with and accept the filed merely to reflect a change been notified in writing of this ch	ll statutes ne obligat e in the re nange.	gree to act in the relative to the ion of my posi	proper and com tion as registered address, I hereb	iplete perj Lavent. (Sorman Or, if the that t	ice his he
Sign	nature of Registered Agent	_		Date			-
If signing on be	half of an entity:						
	Assistant Secretary						
Ty	ped or Printed Name *** FILIN	G 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)