

F/18000003007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

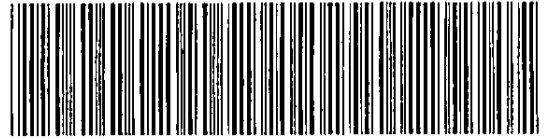
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RAE RO change

2024 SEP 18 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 SEP 18 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY

SEP 19 2024

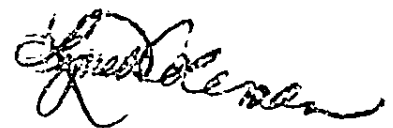
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 643537 5105242

AUTHORIZATION :

COST LIMIT : \$ 35.0



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ORDER DATE : September 13, 2024

ORDER TIME : 1:22 PM

ORDER NO. : 643537-001

CUSTOMER NO: 5105242  
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CHANGE OF AGENT

NAME: SUPERIOR SCAFFOLDING &  
INSULATION INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
X \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUPERIOR SCAFFOLDING & INSULATION INC.  
Name of Corporation

**DOCUMENT NUMBER:** F1800003007

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:

Susan Green

Name of Contact Person

Superior Scaffolding & Insulation, Inc.

Firm/Company

370 McEntire Lane S.W.

Address

Decatur, AL 35603

City/State and Zip Code

Sgreen@ssidecatur.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Green

Name of Contact Person

at (256) 340-0466

Area Code & Daytime Telephone Number

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

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SUPERIOR SCAFFOLDING & INSULATION INC.
- 2. The principal office address: 370 McEntire S.W. Decatur, AL 35603
- 3. The mailing address (if different): PO Box 669 Trinity, AL 35673
- 4. Date of incorporation/qualification: June 26, 2018 Document number: F18000003007
- 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)

Richard J. Bright  
3842 Beacon Rock Lane  
Middleburg, FL 32068

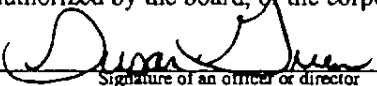
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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 2024 SEP 18 AM 11:24  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
 Signature of an officer or director

Susan Green, Treasurer  
 Printed or typed name and title

*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.*

Corporation Service Company  
 By: Shauna Godbolt \_\_\_\_\_  
 Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed 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)