$F_{aa}00004655$

· · · · · · · ·	(Requestor's Name)
	(Address)
	(Address)
<u></u>	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only









A. RAMSEY JUN 10.2024 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	: I2000000195
	REFERENCE	: 487575 4328094
	AUTHORIZATION	Cipilite Real
	COST LIMIT	: \$ 35.00
ORDER DATE :	June 5, 2024	
ORDER TIME :	1:53 PM	
ORDER NO. :	487575-039	

CUSTOMER NO: 4328094

CHANGE OF AGENT

NAME: SFEG CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

1. The name of the corporation: SFEG CORP

2. The principal office address: 2268 Fairview Boulevard Fairview, TN 37062

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/25/2022 Document number: F22000004655

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)

CORPORATE CREATIONS NETWORK INC .----

	801 US HWY 1			202	
	N PALM BCH	FL	33408	24 JUH	٢ì
6. The name and (if changed):	street address of the new registered agent (i	f changed) and	l /or registered of	ffice 2	
	Corporation Service Company			CI HA	C
	1201 Hays Street			6	
	P O Box NO)T acceptable		_	

32301

Date

FL

Tallahassee

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.

/s/ Heidi Alten	Heidi Alten	Vice President
Signature of an officer or director	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.

06/04/2024

Corporation Service Company

Signature of Registered Agent By:

-

If signing on behalf of an entity:

GRACE E KIRBY, ASST. VICE PRESIDENT

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) 487575-39