-80673

(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

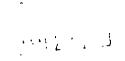


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 413290 8403095				
AUTHORIZATION SAME ELEMAN				
COST LIMIT :/\\$/35.00				
ORDER DATE : January 26, 2023				
ORDER TIME : 10:11 AM				
ORDER NO. : 413290-005				
CUSTOMER NO: 8403095				
CHANGE OF AGENT				
NAME: SCHLENKER ENTERPRISES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
EXAMINER:				

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

	•	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of	this
-		ce or registered agent, or both, in the State of Florida.	
1. The name of	the corporation:	terprises, Inc.	
	396 BARTON BL	VD. ROCKLEDGE, FL 32955	
3. The mailing a	address (if different):		
4. Date of incor	05/05/ poration/qualification:	1982 F80673 Document number:	
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	
	SOILEAU, JOHN L.		
	SANO HORTH U.S. HEGANAY 1		
	COCOA, FL 32926		
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office	202
	Corporation Service Compa	any .) J <u>i</u>
	1201 Hays Street		2023 JAN 26
		P.O. Box NOT acceptable	7
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its register	
Such change was authorized by th	as authorized by resolution d ne board, or the corporation h	uly adopted by its board of directors or by an officer s has been notified in writing of the change.	O
	Sum	Andrew Zmugg	
Signatu	re of an officer of director	Printed or typed name and title	
I further agree i of my duties, an document is bei corporation has	to comply with the provision	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete perept the obligation of my position as registered agent. The hange in the registered office address, I hereby confirmation his change.	rformance Or, if this n that the
By: E	luna Oakol	01/26/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped 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)