F960000000969

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
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OCT 13 2021 ! ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 042.034

7563008

AUTHORIZATION TIPLE

COST LIMIT :

ORDER DATE: September 28, 2021

ORDER TIME : 9:36 AM

ORDER NO. : 042034-137

CUSTOMER NO: 7563008

CHANGE OF AGENT

NAME: SUBURBAN SALES & SERVICE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of _Delaware registered agent, or both, in the State of Florida.	<u> </u>
1. The name of	the corporation: SUBURBAN SAL	ES & SERVICE, INC.	
2. The principal	office address: 240 ROute 10 Wes	st, Whippany, NJ 07981	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/26/1996	Document number: F9600000969	
	d street address of the current regist rtment of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
	C T Corporation System		
	1200 South Pine Island Road		2021 OCT
	Plantation	FL 33324	()()
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	12
	Corporation Service Company	-	#H 8:
	1201 Hays Street		9 1
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		street address of the business office of its registered dopted by its board of directors or by an officer so sen notified in writing of the change.	l agent,
authorized by the	ne board, or the corporation has be	Jill Cilmi, Vice President	
	ue at an officer or director	Printed or typed name and title	
I further agree of my duties, and document is bei corporation has	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo ne obligation of my position as registered agent. On the registered office address, I hereby confirm to ange.	rmanc r, if thi, hat the
By: U	Miley	10/12/2021	
Sıg	mature of Registered Agent chalf of an entity:	Date	
Ami M. Casper	, Asst. Vice President		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *