

F97000006933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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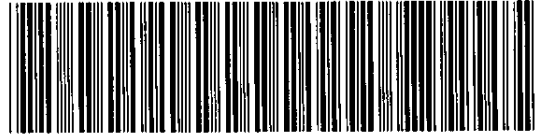
(Business Entity Name)

(Document Number)

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**DATE:** 6/27/14

**NAME:** SUPERIOR WALLS OF AMERICA, LTD. INC

**TYPE OF FILING:** CHANGE OF AGENT

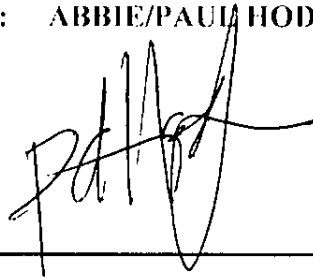
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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

1. The name of the corporation: SUPERIOR WALLS OF AMERICA, LTD., INC.

2. The principal office address: 937 E. Earl Road New Holland PA 17557

3. The mailing address (if different): 937 E. Earl Road New Holland PA 17557

4. Date of incorporation/qualification: December 31, 1997 Document number: F97000006933

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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

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CORPORATION

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.

*Keith Wells*  
Signature of an officer or director

Keith Wells CFO  
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.*

*Sean Honan*  
Signature of Registered Agent

6/27/2017  
Date

If signing on behalf of an entity:

Sean Honan, Assistant Secretary  
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