F9800001315

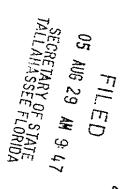
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: Sun Coast Industries, Inc. Doing Business As Sun Coast Industries of Delaware, Inc. (Name of corporation)					
DOCU	JMENT NUMBER:_F98000001315					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Damon Craig					
	(Name of person)					
National Registered Agents, Inc. (Name of firm/company)						
	(reality or missionipally)					
_	PO Box 927 (Address)					
	West Windsor, NJ 08550-0927					
i	(City/state and zip code)					
For fur	rther information concerning this matter, please call:					
	Damon Craig at (800) 767-1553 (Name of person) (Area code & daytime telephone number)					
Enclos	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

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

change is submi	tted for a corporation organized	617.0502, 607.1508, or 617.1508, Florida Statutes, under the laws of the State of Delaware tt, or both, in the State of Florida.	this stat	tement of in order
1. The name of t	he corporation: Suncoast Indu	stries, Inc. DBA Suncoast Industries of Delawa	re, Inc.	
2. The principal	office address: 101 Oakley Str	reet		
Evansville,	IN 47706-0959		-	
3. The mailing a	ddress (if different): PO Box 98	59		
Evansville, l	IN 47706-0959			
4. Date of incorp	oration/qualification: 03/03/19	98 Document number: F98000001315	·	
	street address of the current reg tment of State:	istered agent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road	l	_	
	Plantation, FL 33324		JALL 11AT	05
6. The name and (if changed):	street address of the new regista	ered agent (if changed) and /or registered office	RETARY AHASSI	HIL AUG 29
	NRAI Services, Inc.		_ ```	
	2731 Executive Park Drive	e, Suite 4	STA STA	دة ح
	(P.O. Box	or personal mailbox NOT acceptable)		47
	Weston, FL 33331		_	
The street addre	ess of its registered office and the identical.	he street address of the business office of its regist	ered age	ent, as
Such change wa	s authorized by resolution duly corporation has been notified	y adopted by its board of directors or by an officer in writing of the change.	so author	orized by
Mac		Mark Miles, Vice President		
I hereby accept I further agree t duties, and I am being filed mere been notified in NRAI Services by:	writing of this change.	(Printed or typed name and agent and agree to act in this capacity. If all statutes relative to the proper and complete publication of my position as registered agent. Or, gistered office address, I hereby confirm that the capacity and the capacity of the state of	•	nce of my ocument is ion has
	annia va mii vairinj e			
Damon Craig	(Typed or Printed Name)	Assistant Secretary (Capacity)		

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