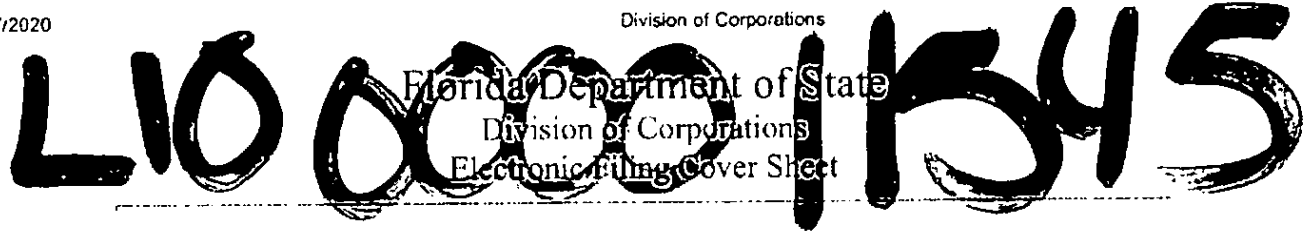


12/7/2020

Division of Corporations



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000417764 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC REGISTERED AGENT CHANGE  
SUREFLAP, LLC

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\*\*\*HONOR ORIGINAL DATE 12-07-2020\*\*\*

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12/8/2020 11:35:53 AM PAGE 1/001 Fax Server



December 8, 2020

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSUREFLAP, LLC  
14004 ROOSEVELT BOULEVARD, SUITE 601H  
CLEARWATER, FL 33762SUBJECT: SUREFLAP, LLC  
REF: L10000011545

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist IIIFAX Aud. #: H20000417764  
Letter Number: 920A00024563

\*\*\*HONOR ORIGINAL DATE 12-07-2020\*\*\*

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SUREFLAP, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

4500 140th Avenue N., Ste. 101

CLEARWATER, FL 33762

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

4500 140th Avenue N., Ste 101

Clearwater, FL 33762

2/1/2010

L10000011545

3. Date of filing registration in Florida

4. Document number

5. (a) EXPORTACTION, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4500 140th Avenue N., Ste. 101

Clearwater, FL 33762

C T Corporation System

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Faye C. Brown, Authorized Representative

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System  
by Chris Rickard Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00