

L 23002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

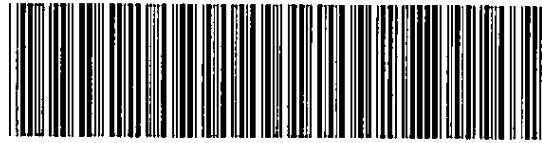
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700328297427

04/29/19--01020--009 **25.00

FILED
2019 APR 29 A 4:22
TALLAHASSEE, FLORIDA

SCOTT

MAY 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Commercial Services
Name of Corporation

DOCUMENT NUMBER: L23002

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Ketchum
Name of Contact Person

Superior Commercial Services
Firm/Company

P.O. Box 1021 Alva, FL 33920
Address

Alva, FL 33920
City/State and Zip Code

Mike K @ Gas4all.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ketchum at (239) 850-1970
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: Superior Commercial Services
2. The principal office address: 19771 Gain Out Back Dr.
Alva, FL 33920
3. The mailing address (if different): P.O. Box 1021 Alva, FL
33920
4. Date of incorporation/qualification: 10-16-89 Document number: L23002
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)

Lucile Suchomski
19681 Gain Out Back Dr.
Alva, FL 33920

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

Michael E. Ketchem
19771 Gain Out Back Dr.
Alva, FL 33920

P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Michael E. Ketchem
Printed or typed name and title CEO

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.

[Signature]
Signature of Registered Agent

4-24-19
Date

If signing on behalf of an entity:

Michael E. Ketchem
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