

L23002

(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

1092-6663-610



600328297436

04/29/19--01033--025 \*\*55.00

FILED

2019 MAY 30 PM 3:11

C. GOLDEN

JUN - 3 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Superior Commercial Services, Inc.  
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

19711 Goin Out Back Dr. 1  
Address

Ave., FL 33920  
City/State and Zip Code

mikek@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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2019

MICHAEL G. KETCHEM  
POST OFFICE BOX 1021  
ALVA, FL 33920

SUBJECT: SUPERIOR COMMERCIAL SERVICES, INC.  
Ref. Number: L23002

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

A post office box is not an acceptable address for the registered agent.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 219A00009473

RECEIVED

2019 MAY 30 AM 11:05

5 08 PM '19  
FALL RIVER, FL

**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, Inc.
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: 10-16-1989 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)

Michael G. Ketchum  
19771 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 Ketchum  
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.

X [Signature]  
Signature of an officer or director

Michael Ketchum, President  
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.

X [Signature]  
Signature of Registered Agent

5-22-19  
Date

If signing on behalf of an entity:

Michael Ketchum  
Typed or Printed Name

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

FILED  
2019 MAY 30 PM 3:11