L23002

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(onyotate/Liph none ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

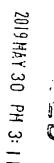
Office Use Only

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COVER LETTER

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 Ketchem Name of Contact Person
Superior Conversion Serves.
19771 Con OH BOCK DT.
AVE, FL 33920 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (23) 850-1970 Area Code & Daytime Telephone Number
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



Division of Corporations

May 10, 2019

MICHAEL G. KETCHEM POST OFICE 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

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: SPERIOR COMMERCIAL SERVICES, Inc.
2. The principal office address: 1977 Goin Ottock D.
ALC, FL 33920
3. The mailing address (if different): YO W 1021 FIVE
FL 33920
4. Date of incorporation/qualification: 10-10-989 Document number: 23002
 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)
Michaels-Ketchem =
Michaeli-Ketonun 19771 Gon Out Book Dr 23620
ALIA TI 23920
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Middod Katalana
1911 FON OH BACK DI.
P.O. Box 307 sceptable
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 of an officer or director Michael Re-Chan, Preside
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 of Registered Agent 5-20-19 Date
If signing on behalf of an entity:
Michael Letchem Typed or Printed Name

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