j			L500	CUMENT #	DOCUM 1. Entity Name	
			TIONS, INC	NCH'S STEEL EREC	SURICH'S S	
		Mailing Address		Principal Place of Business		
		C/O KEITH A. SURICH 12340 SAND WEDGE I		C/O KEITH A SURICH 12340 SAND WEDGE DR.		
<u> </u>	7	BOYNTON BEACH FL		BOYNTON BEACH FL 33437		
		US			US —	
		Mailing Address		ncipal Place of Business	2. Principal Place	
		Suite, Apt. #, etc.		te, Apt. #, etc.	Suite, Apt. #, 6	
4. FEI No	· · · · · · · · · · · · · · · · · · ·	City & State		/ & State	City & State	
5. Certific	Country	Zip	try	Coun	Zip	
7. Name		stered Agent	dress of Curren	6. Name and Ad		

		l .					
Suite, Apt.	#, etc.	DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	City & State		4. FEI Number CF 0174004 Applied		Applied For
					65-0174081		Not Applicable
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired	□ \$8.7	5 Additional lequired
	6. Name and Address of Curren	t Registered Agent		7. Na	me and Address of New Re		
			Name			giotered Agent	
	KEITH A. ID WEDGE DR. I BEACH FL 33437		Street /	Address (P.O. Bo	x Number is Not Acceptable)		
			City				p Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office of	r registered agen	or both in the State of Flor	ida	
				r ogletoroo agar	t, or both, in the state of Figh	iua.	
OLONIATURE							
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signa	ure required when reins	tating)		
		, -				DATE	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May 1, 20 Make Check Payab	!! FEE IS \$150 02 Fee will be \$! ble to Departmen	50.00	 Election Campaign Final Trust Fund Contribution. 	· ·	\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Surich, Keith A. 12340 Sand Wedge Dr. Boyton Beach Fl. 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nange
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange
13. I hereby ce indicated o of the corpo	rtify that the information supplied with n this report or supplemental report is pration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m	the exemption state	ed in Section 119 we the same lega	.07(3)(i), Florida Statutes. I fu al effect as if made under oat	rther certify that the h; that I am an of	the information ficer or director