M14000008352

(Requestor's Name)							
(Address)							
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(Cit	y/State/Zip/Phon	ne #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
•							
(Document Number)							
Certified Copies	_ Certificate	s of Status					
Special Instructions to Filing Officer:							





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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195								
REFERENCE	: 918291 8420367								
AUTHORIZATION	The Colonian								
COST LIMIT	: \$ 25.00								
ORDER DATE : August 3, 2023									
ORDER TIME : 1:58 PM									
ORDER NO. : 918291-059									
CUSTOMER NO: 8420367									
CHANGE OF AGENT									
NAME: SUR ORGANIZAT:	FION, LLC								
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Baker	7								

EXAMINER'S INITIALS:

, 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.	Na	me of the limited liability company: SUR ORGANIZA	TION, I	LL	C 			
2	(a)	134 MARKET ST.	(b) 134 MARKET ST.					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \ /		γ.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		PHILADELPHIA, PA 19106	_	-	PHILADEL	PHIA, PA 19106		
			-					
		11/19/2014		٨.	114000008	3352		
3.		Date of filing/registration in Florida	4.		ı	Document number		
5.	(a)							
		Registered Agent and Registered Office shown on the records of th REGISTERED AGENT SOLUTIONS, INC.	e Florida	a D	ept. of State:	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						-i ~>		
	2894 REMINGTON GREEN LANE SUITE A					1023 ALL		
		TALLAHASSEE .FL	32308			FILED 2023 AUG IL AMII: 09 JEGNEFARY OF STATE FALLAHASSEE, FLORIDA		
	(b)					FE. G. ≥ III		
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				<u></u>	AM II: 09		
		Corporation Service Company				09		
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee, FL_	32301					
cha age wa	ange ent w s/ y /e	mited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere oility co the lim mited l	ed omp nite liab	office and pany, it is diability compositive comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Jill Cilmi, Authorized Person								
I l pro the to . not	ovisie obli mere rified	ure of a member or authorized representative of a member of accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete pleations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change. Green Registered Agent	erforme for in C reby co	and Cho onf	this capac ce of my di upter 605, irm that th	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed are limited liability company has been. Vice President		