Florida Department of State Division of Corporations Electronic Film Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

O 07/20/2022 7:09 AM

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I2010000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Email Address: LLC REGISTERED AG SES FOAM,	2022 JUL 2	
Certificate of Status	0	20
Certified Copy	0	
Page Count	03	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SES FOAM, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

I. Na	me of the limited liability company: SES FOAI	M, LLC		
2. (a)	2400 Spring Stuebner Rd.	_(b) 24	00 Spring Stue	bner Rd.
(- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	liability company:
	Spring, TX 77389	<u>Sp</u>	ring, TX 77389	
	11/4/2016	– – M16	600008899	
3.	Date of filing/registration in Florida	- 4.	Document number	
5. (a)	BlumbergExcelsior Corporate Service	s Inc.		
	155 OFFICE DR.1ST FLOOR Registered Office Address (MUST BE FLORIDA STREET A TALLAHASSEE			
(b)	Registered Agent Solutions, Inc.	52301		بن اللا 2022 JUI_ 20
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		20
	155 Office Plaza Dr.			. 11 - 11
	NEW Registered Office Address:			2 AH11: 04
	Suite A			- -

If the limited liability company is not organized under the laws of the State of Florida, it is nereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Adam Faber	Adam Faber	Authorized Person	
Signature of a member or authorized representative of a member		Printed or typed name of signee		

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mockenzie Hart Asst. Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00