

m72424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

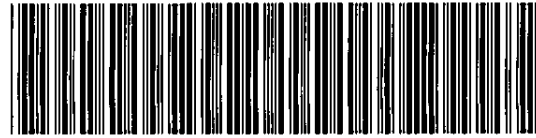
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SGS Special Services
Name of Corporation

DOCUMENT NUMBER: M 72424

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:

SCOTT SUTER
Name of Contact Person
SGS Special Services, Inc
Firm/Company
PO Box 94
Address
Monticello, FL 32345
City/State and Zip Code
SCOTT 32345@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT SUTER at (850) 3421700
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

**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: SCOTT S.G.S. SPECIAL SERVICES, INC
2. The principal office address: 11571 BAUM LN
TALLAHASSEE, FL 32309
3. The mailing address (if different): PO BOX 94
MONTICELLO, FL 32345
4. Date of incorporation/qualification: _____ Document number: IN 72424
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)

SCOTT SUTOR
138 W 6 CT
GREENVILLE, FL 32331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRISTOPHER
~~CHRIS~~ ~~MATTHE~~ COMPTON
1280 CEDAR CENTER DR
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

SCOTT SUTOR, Pres
Signature of an officer or director

SCOTT SUTOR, Pres
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.

[Signature]
Signature of Registered Agent

10/13/15
Date

If signing on behalf of an entity:

Christopher Compton
Typed or Printed Name

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