

1/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: sharon.sherrod8@gmail.com

**REGISTERED AGENT CHANGE
SSHE SERVED INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SSHE SERVED INC.
Name of Corporation

DOCUMENT NUMBER: N1900008106

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:

SHARON SHERROD

Name of Contact Person

SSHE SERVED INC.

Firm/Company

9040 BRELAND DR

Address

TAMPA, FL 33626

City/State and Zip Code

sharon.sherrod8@gmail.com

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

For further information concerning this matter, please call:

URS Agents ATTN Kanetha Bishop at (800) 567-4397
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SSHE SERVED INC.
 2. The principal office address: 9040 BRELAND DR. TAMPA, FL 33626

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/01/2019 Document number: N19000008106

5. The name and street address of the current registered agent and registered office (in file with the Florida Department of State: (If resigned, enter resigned)

SHARON M SHERROD

9040 BRELAND DR

TAMPA, FL 33626

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

URS AGENTS, LLC

3438 LAKESHORE DR.

P.O. Box: NOT acceptable

TALLAHASSEE, FL 32312

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]
 Signature of the officer or director

Sharon Sherrod
 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

1/29/2021
 Date

If signing on behalf of an entity:

Kanetha Bishop, Asst. Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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