

P00000088519

Requester's Name

SUPERIOR SHARPENING SERVICES, INC.  
2075 NE DIXIE HWY  
JENSEN BEACH, FL 34957

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
02 AUG 12 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

600007057436--7  
-08/12/02--01070--018  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SUPERIOR SHARPENING SERVICES, INC.

2. The mailing address of the corporation : P.O. Box 2494  
JENSEN BEACH FL 34958

3. Date of incorporation/qualification: 9/18/2000 Document number: P00000088519

4. The name and address of the current registered agent and office:

ROBERT L. STURGES III  
2075 NE DIXIE HWY  
JENSEN BEACH FL 34957

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

ROBERT CAGLIANO  
2075 NE DIXIE HWY  
JENSEN BEACH FL 34957

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.

✓ [Signature]  
(Signature of an officer, chairman or vice chairman of the board)

8-1-02  
(Date)

ROBERT CAGLIANO - PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

✓ [Signature]  
(Signature of Registered Agent)

8-1-02  
(Date)

If signing on behalf of an entity:

ROBERT CAGLIANO  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

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

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