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(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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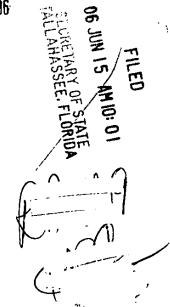


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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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
1. The name of the corporation: Superb Mochanical Services, Inc.
2. The principal office address: 3980 Exchange AVENUE
2. The principal office address: 3980 Exchange AVENUE Naples FL 34104
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 3/1/2005 Document number: PO500023799
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert D. Royston, JR. Esq. By 8
12670 New Brittany Blud., Suite 101
Font MyERS FL 33907
12670 New Brittary Blud., Suite 101 Font MyErs FL 33907 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert Kindelan
3980 Exchange Avenue (P.O. Box NOT acceptable)
Naples FL 34104
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 of an officer or director) Robert Kinde (An President President)
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.
5.25.2006
(Signature of Registered Agent) If signing on behalf of an entity:
Police to Kind all and all chility.
(Typed or Printed Name)

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)