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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: SERVICE RESOURCE, CO. Name of Corporation				
DOCUMENT NUMBER: P05000141500				
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Rocio Barrig				
Name of Contact Person				
Service Resource, Co				
Firm/Company				
801 Maplewood Dr., Suite 25				
Address	<del></del>			
Jupiter, FL 33458				
City/State and Zip Code	<del></del>			
rosie@sr-gc.com				
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this matter, plea	ase call:			
Rocio Barrig	ot ( 772 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Name of Contact Person	at ( 772 ) 9247277  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the De	epartment of State.			
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	organized under the lav	vs of the State of Florida	<del></del>
1. The name of t	he corporation: SERVICE RESC	OURCE, CO.		
	office address: 801 Maplewood D		33458-8852	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 10/17/2005	Document r	number: P05000141500	<u> </u>
	street address of the current regis tment of State: (If resigned, enter		d office on file with the	- <b>3</b>
	Rocio Barrig			161 R
	801 Maplewood Dr STE #25			2023 JUL 17
	Jupiter, FL 33458-8852			ORF ON
6. The name and (if changed):	street address of the new register	ed agent (if changed) and	I /or registered office	ARYORFONATION
	Corporation Service Company			_
	1201 Hays Street			
		P.O. Box NOT acceptable		
	Tallahassee	FL	32301	
The street addre	ss of its registered office and the be identical.	street address of the bu	siness office of its regis	tered agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of d een notified in writing o	lirectors or by an officer of the change.	r so
		Rocio Barrig, F	President	•
Signatur	of an officer or director	Printe	ed or typed name and title	<del></del> -
l further agree t of my duties, an document is bei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c n-Service Company	ent and agree to act in t ill statutes relative to the he obligation of my post e in the registered office hange.	this capacity. e proper and complete p ition as registered agen e address, I hereby conf	verformance t. Or, if this irm that the
	a Bahar	07/17/2023		
Sign	nature of Registered Agent	·	Date	-
If signing on bel	nalf of an entity:			
Ту	ped or Printed Name			

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

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