

(Re	equestor's Name)	
(Ac	ldress)	
	1.1	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(D.	usiness Entity Name)	
JB)	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
,	_	
Special Instructions to	Filing Officer:	
		İ



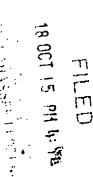


300319455763

10/17/18--01009--024 **35.00

S TALLENT OCT 24 2018

RIANH



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOUTHERN FUDICULTIONS INC.
DOCUMENT NUMBER: P0800014111
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:
Name of Contact Person SOLTHON FOR CITY/Company 8558 HOTA AVENUE NOVAL Address West Palm Bluch, Fl. 33412 City/State and Zip Code Stady (at 100 Since Contact Person E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: D(I) C H D C Name of Cortage Person at (5() D M Telephone Number C C C C C C C C C
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: Southern Fabrications Inc.
2. The principal office address: 955 8 140 AVENUE WOVEN, West Falm Beach Fl. 3341.2
3. The mailing address (if different):
4. Date of incorporation/qualification: 2 7 2008 Document number: POSODO 14 11
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)
13581 11th Place North
West Palm Reach, Fl 33412
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 8558 40+h AVENUE NOFA P.O. Box NOF acceptable
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 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.
10 8 2018
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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