

P1100000002962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

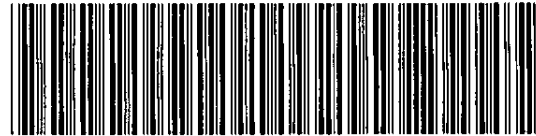
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000274262790

06/23/15--01021--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2015 JUN 23 PM 2:09

Rb/ch8

JUL 1 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURPLUS REFUND CORPORATION

Name of Corporation

DOCUMENT NUMBER: P11000002962

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:

BARRY HIKIN

Name of Contact Person

Firm/Company

4960 PELICAN MANOR

Address

LOCONOT CREEK, FL 33073

City/State and Zip Code

FRCFIND @ COMCAST.NET

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

For further information concerning this matter, please call:

BARRY HIKIN

Name of Contact Person

at (954) 263-1011

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

1. The name of the corporation: SURPLUS REFUND CORPORATION
2. The principal office address: 5100 WEST COPANS ROAD
MARGATE, FL 33073 #710
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1-10-2011 Document number: P11000002962
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)

DAVID A. KUPPERMAN, ESQ
5301 NORTH FEDERAL HIGHWAY #250
Boca Raton, FL 33487

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

DAVID A. KUPPERMAN, ESQ
101 N.E. 3RD AVENUE Suite 1500
P.O. Box NOT acceptable
FORT LAUDERDALE, FL 33301

FILED
SECURITY OF
CORPORATION OF
FLORIDA
JUN 23 PM 2:09

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 an officer or director

Barry Hikin, President
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

6/16/15
Date

If signing on behalf of an entity:

DAVID A. KUPPERMAN
Typed or Printed Name

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