(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Supplies Recovery Corporation Name of Corporation			
DOCUMENT NUMBER: P 45 000000 316			
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			
Firm/Company			
4960 Pelican Manuel Address			
Colonst Cocek, FL 33073 City/State and Zip Code			
FRC FIND & COMCast. NOT			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
BARRY HIKIN at (954) 263-1011 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the	e State of <u>FloN w A</u>
1. The name of the corporation: SURPLUS RECOVERY LORPO	Ratur
1. The name of the corporation: SURPLUS RECOVERY LORPO 2. The principal office address: Sloo west colques Road Mungate, FL 33063	
Mungate, FL 330 83 3. The mailing address (if different): 4968 Pelican Manny Lolonot CREEK FLORINA 33073	e
4. Date of incorporation/qualification: 1.2-15 Document number	: P1500000031
5. The name and street address of the current registered agent and registered office Florida Department of State: (If resigned, enter resigned)	
DAVID A. KUPPERMIN, ESQ	
101 NE 300 Ave #1500	20
Fort Landendale, FL 33301	دت 💮
6. The name and street address of the new registered agent (if changed) and /or reg (if changed): BARRY HIKIN	5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5
BARRY HIKIN 4960 PELICAN MANUR P.O. BOX NOT acceptable	
Lo Lowet Check, FL 33073 The street address of its registered office and the street address of the business of	
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the change was authorized by the board, or the corporation has been notified in writing of the change was authorized by the board, or the corporation has been notified in writing of the change was authorized by the board of directors. Signature of an officer or director.	nange.
Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this cap I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of agent. Or, if this document is being filed merely to reflect a change in the regis hereby confirm that the corporation has been notified in writing of this change.	pacity. er and complete ny position as registered tered office address, I
Signature of Registered Agent Date	<u> </u>
If signing on behalf of an entity:	
BARRY HIKIN Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)