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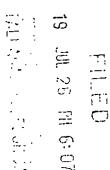
(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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JUL 31 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscqlobal.com

Date: July 24, 2019

Order#: 857642/010

Re: SUPERIOR GROUP OF COMPANIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	hange is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Statu ion organized under the laws of the State of FLO or registered agent, or both, in the State of Floric	RIDA	_
	f the corporation: SUPERIOR GR	·	7.4E.4.	
	·	LE BLVD, SEMINOLE, FL 33772		·
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 05/27/19	997 Document number: P970000464	112	
5. The name ar		stered agent and registered office on file with the		
	ALPERT, JORDAN M			
	10055 SEMINOLE BLVD			
	SEMINOLE	FL 33772		3
6. The name an (if changed):		ered agent (if changed) and /or registered office	:	JII 26
	Corporation Service Company			
	1201 Hays Street		~.;	<u>o</u> ;
	P.O Tallahassee	Box NOT acceptable FL 32301	. ^	7.0
		e street address of the business office of its regi-		ent,
Such change was	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an office been notified in writing of the change.	r so	
19 14		Jordan M. Alpert, Sr VP, General Cour		cretary
<i>"</i>	ure of an officer or director	Printed or typed name and title	 :-	_
performance of agent. Or, if the hereby confirm	io comply with the provisions of my duties, and I am familiar with	gent and agree to act in this capacity, all statutes relative to the proper and complete th and accept the obligation of my position as re v to reflect a change in the registered office add otified in writing of this change.		
By: Y	CALL CONTROLL CONTROL CONTR	07/24/2019 Date		-
f signing on be	chalf of an entity:			
Grace E. Kirby	, Asst. Vice President			
Ŧ	yped or Printed Name	-		

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