P9700054651

((Requestor's Name)	
	(Address)	
	(*)	
-	(Address)	
	(City/State/Zip/Phone #)	
· ·	(Oity/Otate/Zip/1 Hollo #)	
PICK-UP	MAIT	MAIL
	(Business Entity Name)	
	, , ,	
	(Document Number)	
Certified Copies	_ Certificates of S	Status
,	-	 .
Special Instructions to	Filing Officer:	
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Office Use Only



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A. BUTLER OCT 18 2022



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

11000011 110	ACCOUNT	NO.	:	I20000000199
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REFERENCE : 026869 5 8393676

AUTHORIZATION : Sould le rea :

COST LIMIT : \$ 35.00

ORDER DATE: October 13, 2022

ORDER TIME : 10:19 AM

ORDER NO. : 026869-005

CUSTOMER NO: 8393676

CHANGE OF AGENT

NAME: SUTHERLAND MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

statement of cha	inge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida & ration organized under the laws of the State of _ ice or registered agent, or both, in the State of F	Florida
	the corporation: SUTHERLA	•	
2. The principal	office address: 107 N. Line [Drive, Apopka, FL 32703	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: June 2	2, 2001 Document number: P97000	054657
	I street address of the current tment of State: (If resigned, e	registered agent and registered office on file wi enter resigned)	ith the
	Brown, Sharon		202
	107 N. Line Drive		7.00 TALL
	Apopka	FL 32703	2022 OCT 14
6. The name and (if changed):	street address of the new reg	gistered agent (if changed) and /or registered of	72
	Corporation Service Compa	any	10 to
	1201 Hays Street		•
		P.O. Box NOT acceptable	-
	Tallahassee	FL 32301	-
The street addre as changed will	ss of its registered office and be identical.	d the street address of the business office of it	s registered agent,
		luly adopted by its board of directors or by an has been notified in writing of the change.	
		Charles Schoninger	President
Xignatur		Printed or typed name and til	lle .
l jurther agree t of my duties, an document is bei corporation has	a comply with the provision	ed agent and agree to act in this capacity. s of all statutes relative to the proper and com cept the obligation of my position as registered hange in the registered office address, I hereb his change.	aplete performance d agent. Or, if this by confirm that the
By: Auroles M. Basonse Gignature of Registered Agent		10/13/2022	
(\$igr	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

-25 mg

* * * 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 (04/13)