P97000075076

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
	y/State/Zip/Phone	**		
(Cit	y/State/Zip/Filone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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	anna ana Klimata an			
(100	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
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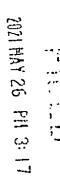
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: May 24, 2021

Order#: 825537/035

Re: SCULLY CRYSTAL PALMS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

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:Erika Zavala Daza

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 cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the law.	s of the State of FL			
1. The name of t	he corporation: SCULLY CRYSTAL F	PALMS, INC.				
2. The principal office address: 801 OLD YORK RD, JENKINTOWN, PA 19046						
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 08/28/1997		Document no	Document number: P97000075076			
5. The name and Florida Depar	street address of the current registere timent of State: (If resigned, enter resi	ed agent and registered gned)	office on file with the			
	NRAI SERVICES, INC.					
	1200 South Pine Island Road					
	Plantation, FL 33324					
6. The name and (if changed):	I street address of the new registered a	ngent (if changed) and	/or registered office			
	1201 Hays Street					
		Box NOT acceptable				
	Tallahassee	FL	32301	2021 SE		
	ess of its registered office and the str be identical.					
Such change was authorized by the	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of d i notified in writing o	irectors or by an officer f the change.	26 I		
Signatu	asf (). Etally	michaelA	t SCHLLY VICE d or typed name and title	- President		
I hereby accept I further agree of my duties, ar document is be corporation ha Corporatio	the appointment as registered agent to comply with the provisions of all a ad I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this chan n Service Company			performance to the control of the co		
By: X)ra	rature of Registered Agent	05/21/2				
·	mature of Registered Agent		Date			
<u></u>	Asst. Vice President yped 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 (04/13)