Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000217593 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

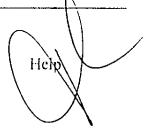
Email Address:

## REGISTERED AGENT CHANGE SR TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

statement of ch	ange is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida ; ganized under the laws of the State of	Florida
	· · · · · · · · · · · · · · · · · · ·	gistered agent, or both, in the State of F	·lorida.
	the corporation: SR TECHNOLOGIES		
2. The principal	l office address: 1613 NW 136th Ave. B	duilding C Sunrise, FL 33323	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/21/1999	Document number: P99000	0007425
5. The name an		d agent and registered office on file wi	
	SR TECHNOLOGIES, INC.		
	1613 NW 136TH AVE		_
	BUILDING CSUNRISE, FL 33323		_
6. The name an (if changed):		igent (if changed) and /or registered off	
	C T Corporation System		2024 JUN 24
	1200 South Pine Island Road		2Z .
	P.O. Plantation, Florida 33324	Box NOT acceptable	Zu AM
The street address changed will	ess of its registered office and the stro	cet address of the business office of it	s registered agent.
		oted by its board of directors or by an notified in writing of the change.	W C
	nes D. Villa	JAMES D. VILLA, SECRETARY	
Aignatu	are of an officer or director	Printed or typed name and tit	ie .
of my auties, ar document is he corporation ha	ra I am jaminar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and com obligation of my position as registered the registered office address, I hereh ge.	nplete performance Lagent. Or, if this by confirm that the
CT Corporation	n System Cro. C. Ammed	06/10/2024	
Sig	gualture of Registered Agent	Date	<del></del>
If signing on be	ehalf of an entity:		
SEAN L. EMER	RICK, ASSISTANT SECRETARY		
T	Typed or Printed Name		
	* * * FIE INC	FFF: \$35.00 * * *	

FIEING 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)

By: