W1300000059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special monactions to 1 ming officer.

Office Use Only



800315639788

18 JUL 10 PM

Je. 1 70

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	12000000195						
REFERENCE	E :	273719 7592615						
AUTHORIZATIO	N :	Greek Renan						
COST LIMI	Т :	\$ 35.00						
ORDER DATE : June 25, 2018								
ORDER TIME : 9:51 AM								
ORDER NO. : 273719-005								
CUSTOMER NO: 7592615								
CHANGE OF AGENT NAME: SKLAR CORPORATION								
PLEASE RETURN THE FOLLOWING A	AS PR	OOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Roxanne Turner								
I	EXAMI!	NER'S INITIALS:						

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1.	Sklar Corporation		
•	(Name of alien business organization)		
2.	07/26/2013 3. Q13000000059 4.		
	(Florida tegistration date) (Florida document number) (FEI Number, i	f applicable)	
5.	889 South Market Street, West Chester, PA 19382 (Principal office address)		
6.	Name and address of registered agent and office currently on record with this office:		
	Donald Taylor	-	
	137 Bristol Court	-	
	Ponte Vedra Beach, FL 32082		
7.	New registered agent and/or office address:	T.S. 18	
	Corporation Service Company	EG _	
	1201 Hays Street	生 生 生 生 生 生 生 生 生 し し し し し し し し し し し	F
	Tallahassee, FL 32301	1 OF	
	(Note: Registered office must be a Florida street address)	产品	
8.	The street address of the registered office and the street address of the business office of	the S	
o	registered agent are identical. Such change was authorized by the board of directors or an officer of the corporation	్ది≽ట 2	
,	authorized by the board of directors.	30	
10	. Kathy Spada (Signature of chairman, vice chairman, or officer)	_	
	(Signature of Charlian, vice Charlinan, of Gifter)		
11.	Kathy Spada, President	_	
	(Name and capacity of person signing in number 10 above)		
12.	Signature of new registered agent, if applicable:	h.a	
	I hereby accept the appointment as registered agent. I am familiar with and accept to obligations of section 607.0505, Florida Statutes.	He	
	Roxanne lurner		
V	Asst. Vice President 7/10	/18	
۲.	(Registered agent accepting appointment) (V	ale)	

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallabassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES. THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1.	Sklar Corporation	on					
		Û	Name of alien busines	s organization)			
2.	07/26/2013	3.	Q130000000	59 4.			
	(Florida registration	i date)	(Florida docume	:n: number)	(FEI Number,	if applicable)	
5.	889 South Marko	n Street, W					
			(Principal office	address)			
6. 1	Name and address of r	egistered ag	ent and office curn	ently on record w	ith this office:		
	Donald	d Taylor				_	
	137 B	ristol Cour	·t			7 SE 58	
	Ponte	Vedra Bea	ich, FL 32082			CREE TO	7
7. 1	New registered agent a	ınd/or office	address:			10 SSE	7
	Corpo	oration Ser	vice Company			- EFF 2	(
	1201	Hays Stree	et		-	LORIE C	n
	Talla	ihassee, FL	. 32301			₹ C)
		(Note: Regi	istered office must be	a Florida street addre	ess)	-	
	The street address of the	•	office and the stre	et address of the b	ousiness office o	f the	
	registered agent are ide Such change was auth		a hourd of directo	m or an afficur of	f the comoration) (O	
	authorized by the boar			is of all officer of	the corporation	1 30	
	·						
10.	<u> Kathy Spaa</u>	la.	e of chairman, vice ch			_	
	——()— /	(Signatur	e of chairman, vice ch	airman, or officer)			
11.	Kathy Spada, P	resident				_	
		(Name an	d capacity of person s	igning in number 10	above)		
12.	Signature of new regi					,	
	I hereby accept the a obligations of section			t. I am familiar v	vith and accept	the	
				nne Turner			
/	KINAU	110 (1	Asst. Vi	ce President	7/10	/18	
	(Registered age	it accepting app	pointment)		100	vale)	

FILING FEE: \$35.00
le to Florida Denartment of State a

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314