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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

**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 EL DE CO., INC. OF SOUTH CAROLINA

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'AUG 1 4 2014

T. CARTER

8/13/2014

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: EI De Co., Inc. dibla EL DE Co., INC. OF SOUTH CAROLINA Name of Corporation
	- 834025
	JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Stephen Reynolds
	Name of Contact Person
	El De Co., Inc.
	Firm/Company
	5751 Augusta Road
· · 	Address
	Greenville, SC 29605
	City/State and Zip Code
	sreynolds@eldecoinc.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corpor	i02, 617.0502, 607.1508, or 617.1508, Fiorida Statutes, ration organized under the laws of the State of South Ca ice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: El De Co., Inc	dibia EL DE Co., INC. OF SOUTH CARC	LINA
2. The principa	el office address: 5751 Augusta	Road, Greenville, SC 29605	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03-19	-1975 Document number: 834025	
5. The name an	nd street address of the current artment of State: (If resigned, a	registered agent and registered office on file with the more resigned)	
_	NRAI Services, Inc.		
	1200 S. Pine Island Rd.		
	Plantation, FL 33324		<u> -</u> 뒷0
6. The name an (if changed):	-	pistered agent (if changed) and /or registered office	SECTION PARTY
	C T Corporation System		<u>ت</u> بي
	c/o C T Corporation System, 1	200 South Pine Island Road	
	Plantation, Florida 33324	P.O. Box NOT acceptable	2: 5
as changed wil	ress of its registered office and	d the street address of the business office of its register	red agent,
Such change wanthorized by	es authorized by resolution de the board, or the corporation i	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	5
/	THE STREET OF DIRECTOR	Stephen L. Reynolds, CFO & Secretary Proceed or typed name and title	
	<i>y</i>	ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete with and accept the obligation of my position as regis erely to reflect a change in the registered office addres n notified in writing of this change.	stered is, I
Ву: //	- Th	August 4, 2014	
	enature of Registered Agent chalf of an entity:	Date	
Jordan Brown, A	ssistant Secretary - CT Corporation	n System	
	Typed or Printed Name	II IN/2 PPF- \$15 (II \$ # *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)