

N19 00000 9030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certificc Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



700413162777

08/04/23--01028--010 \*\*35.00

FILED  
2023 AUG -4 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

3303

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** END HUMAN TRAFFICKING, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N19000009030

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIN COLLINS

Name of Contact Person

END HUMAN TRAFFICKING, INC.

Firm/Company

1400 VILLAGE SQUARE BLVD., #3-110

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

ERIN@FLORIDAALLIANCEENDHT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN COLLINS

Name of Contact Person

at ( 850 ) 570-1492

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: END HUMAN TRAFFICKING, INC.

2. The principal office address: 4060 KILMARTIN DRIVE TALLAHASSEE, FL 32309

3. The mailing address (if different): 4060 KILMARTIN DRIVE TALLAHASSEE, FL 32309

4. Date of incorporation/qualification: 08/21/2019 Document number: N19000009030

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD MARTIN  
PL-01, THE CAPITOL TALLAHASSEE, FL 32399 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ERIN COLLINS  
1400 Village Square Blvd., Suite 3-110 Tallahassee, FL 32312 US  
P.O. Box NOT acceptable

FILED  
2023 AUG -4 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ellyn S Bogdanoff, Chair  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

June 12, 2023  
Date

If signing on behalf of an entity:

ERIN COLLINS  
Typed 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