

2/24/22, 11:32 AM

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP

Account Number : I20190000014

Phone : (904)660-0020

Fax Number : (904)660-0029

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

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SECRETARY OF STATE
TALLAHASSEE, FL

REGISTERED AGENT CHANGE
ELO RESTORATION, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELO RESTORATION, INC.
Name of Corporation

DOCUMENT NUMBER: P13000099279

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:

Adam Edgecombe

Name of Contact Person

Lippes Mathias LLP

Firm/Company

10151 Deerwood Park Blvd., Bldg. 300, Suite 300

Address

Jacksonville, FL 32256

City/State and Zip Code

aedgecombe@lippes.com

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

For further information concerning this matter, please call:

Adam Edgecombe

Name of Contact Person

at (904) 660-0020

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

CR2E045 (04/13)

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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: ELO RESTORATION, INC.
 2. The principal office address: 3415 Kori Road Jacksonville, FL 32257

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/13/2013 Document number: P13000099279

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)

DAWES, JOSHUA, GENERAL COUNSEL

3415 KORI ROAD

JACKSONVILLE, FL 32257

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

Adam B. Edgecombe

10151 Deerwood Park Blvd., Bldg. 300, Suite 300

P.O. Box NOT acceptable

Jacksonville, FL 32256

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.

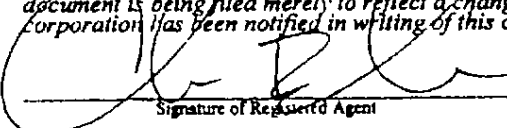


 Signature of an officer or director

Eric Grengs

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

02/07/2022

Date

If signing on behalf of an entity:

ADAM EDGECOMBE

 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
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