## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ

#### SIGNATURE: DAVID L ERICKS

Electronic Signature of Signing Officer/Director Detail

#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 611407

Entity Name: ERICKS CONSULTANTS, INC.

#### **Current Principal Place of Business:**

205 S ADAMS ST TALLAHASSEE. FL 32301

#### **Current Mailing Address:**

POST OFFICE BOX 10131 TALLAHASSEE, FL 32302 US

## FEI Number: 59-2722222

# Name and Address of Current Registered Agent:

ERICKS, DAVID 205 S ADAMS ST TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	ST
Name	ERICKS, DAVID	Name	ERICKS, CANDICE
Address	205 S ADAMS ST	Address	205 S ADAMS ST
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

Certificate of Status Desired: No

03/04/2024

## FILED Mar 04, 2024 Secretary of State 6059513170CC

Date

Date