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.

SIGNATURE: ELEFTHERIOS NICOLAIDES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P16000071379

Entity Name: ELN CONSULTING CORP

# **Current Principal Place of Business:**

6923 FABIANO CIRCLE BOYNTON BEACH, FL 33437

# **Current Mailing Address:**

6923 FABIANO CIRCLE BOYNTON BEACH, FL 33437 US

# FEI Number: 81-3796048

# Name and Address of Current Registered Agent:

NICOLAIDES, ELEFTHERIOS 6923 FABIANO CIRCLE BOYNTON BEACH, FL 33437 US Certificate of Status Desired: No

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 Registe	ered Agent
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### **Officer/Director Detail :**

Title	P, T	Title	S, D
Name	NICOLAIDES, ELEFTHERIOS	Name	NICOLAIDES, ELEFTHERIOS
Address	6923 FABIANO CIRCLE	Address	6923 FABIANO CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437

PRESIDENT

02/08/2019

Date

Date