

266309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

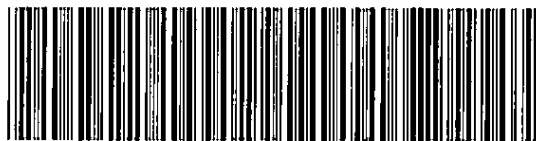
(Business Entity Name)

(Document Number)

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2021 JUL -8 AM 11:46

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2021 JUL -8 AM 9:04

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JUL 09 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 896259 8350531

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : July 7, 2021

ORDER TIME : 9:42 AM

ORDER NO. : 896259-010

CUSTOMER NO: 8350531

CHANGE OF AGENT

NAME: ECP2, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECP2, INC.
Name of Corporation

DOCUMENT NUMBER: 266309

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:

Christopher Brennan

Name of Contact Person

ECP2, Inc. c/o Eckerd College, Inc.

Firm/Company

4200 54th Avenue South

Address

St. Petersburg, FL 33711

City/State and Zip Code

brennacp@eckerd.edu

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

For further information concerning this matter, please call:

Tonya Womack

Name of Contact Person

at (727) 864-7821

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: ECP2, INC.
2. The principal office address: 4200 54TH AVENUE SOUTH
ST PETERSBURG, FL 33711
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/18/1963 Document number: 266309
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)

RIDGE, GEORGE E, ESQ., COOPER RIDGE, P.A.

4866 RIVER BASIN DRIVE N

JACKSONVILLE

FL 32207

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Christopher Brennan
Signature of an officer or director

Christopher Brennan, Treasurer
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.

Corporation Service Company

By: Eyleen Baker
Signature of Registered Agent

07/08/2021

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)