

520946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

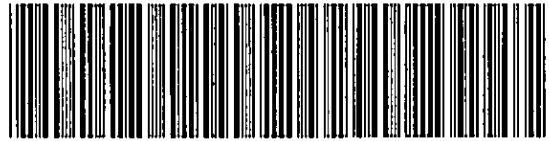
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CORPORATIONS
20 JUN -1 PM 3:45

RA Change

JUN 25 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: eda consultants inc.
Name of Corporation

DOCUMENT NUMBER: 520946

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:

Debbie Wallen

Name of Contact Person

eda consultants inc

Firm/Company

720 SW 2nd Avenue, Suite 300

Address

Gainesville, FL 32601

City/State and Zip Code

dwallen@edafl.com

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

For further information concerning this matter, please call:

Debbie Wallen

Name of Contact Person

at (352) 373-3541

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

20 JUN 2011 PM 3:45
STATE
DIVISION OF
CORPORATIONS

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: eda consultants inc.
2. The principal office address: 720 SW 2nd Avenue, Suite 300 Gainesville, FL 32601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/27/1976 Document number: 520946
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)

Sergio J. Reyes

2404 NW 43rd Street

Gainesville, FL 32606

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

Sergio J. Reyes

720 SW 2nd Avenue, Suite 300

P.O. Box NOT acceptable

Gainesville, FL 32601

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.

Sergio Reyes

Signature of an officer or director

Sergio Reyes, President

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.

Sergio Reyes

Signature of Registered Agent

Sergio Reyes, President

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)

20 11-1 PM 3:45
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE