70449

(Re	equestor's Name)	· · · · · ·
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	·.··-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECENTIAL PLONE

2021 JUL -8 AKII: 46

3 AM 9: 04

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000	195
	REFERENCE	: 896259	8350531
	AUTHORIZATION	: Smell of	and i
	COST LIMIT	: \$35.00	man
ORDER DATE : Ju	uly 7, 2021		
ORDER TIME : 9	9:42 AM		
ORDER NO. : 89	96259-005		
CUSTOMER NO:	8350531		
	CHANGE OF A	GENT	
NAME:	ECKERD COLLEG	E, INC.	
PLEASE RETURN TH	HE FOLLOWING AS	PROOF OF FILE	ING:
CERTIFIE XX PLAIN ST	ED COPY FAMPED COPY		
CONTACT PERSON:	Evliena Baker	EXT#	

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: ECKERD COLLEGE, INC. Name of Corporation				
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this	-			
Christopher Brennan				
Name of Contact Person				
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, p	lease call:			
Tonya Womack	864-7821			
Name of Contact Person	at (727) 864-7821 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the I				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassec, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitte	ections 607.0502, d for a corporati registered office	on organized	under the la	ws of the State of	r_Florida
	the corporation					
	office address:	4200 54TH AV	ENUE SOU		<u> </u>	<u> </u>
		ST PETERSBU	JRG, FL 337			
3. The mailing	address (if differ	ent):				 .
4. Date of incor	poration/qualific	ation: 08/23/19	62	Document r	number: 70444	19
5. The name and Florida Depar	d street address at street of State:	of the current reg (If resigned, ente	istered agent r resigned)			
	RIDGE, GEO	RGE E, ESQ., C	OOPER RID	GE, P.A.		
	4866 RIVER (BASIN DRIVE N				_
	JACKSONVIL	LE		FL	32207	_
6. The name and (if changed):		of the new registe		changed) and	/or registered of	Ffice
	1201 Hays Str	eet				
			P.O. Box NOT	acceptable		-
	Tallahassee	·		FL	32301	¿o ·
						ts registered agent,
Such change wa authorized by th	s authorized by e board, or the	resolution duly a corporation has b	adopted by it been notified	s board of di in writing of	rectors or by an the change.	officer so
(mosand)	al Bon	eim-	Chri	stopher Bren	inan, Treasu	rer Till t
Significant	of an officer or dire	ctor		Printed	or typed name and til	
corporation has Corporation	I I am familiar in the state of	vilh and accept is or reflect a chang writing of this d	an signies re	native to the	proper and com	aplete performance d agent. Or, if this by confirm that the
By: Eyling (tracket	<u> </u>		07/08/3	2021	
_	iture of Registered A	J			Date	
If signing on beh	alf of an entity:					
Туг	ed or Printed Name		-			

* * * FILING FEE: \$35.00 * * *