10/3/2019



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future ⊱ annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ERSHIGS, INC.

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OCT 04 2019 S. YOUNG

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut nge is submitted for a corporation organized under the laws of the State of <u>Weshi</u> r to change its registered office or registered agent, or both, in the State of Florid	ngton	_	
I. The name of t	he corporation: Ershigs, Inc.			
2. The principal	office address: 160 change		## * * 1*****	
3. The mailing a	ddress (if different): no change			
4. Date of incorp	poration/qualification: 02/06/1973 Document number: 829457			
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	;		
	COGENCY GLOBAL INC.			•
	115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301		19	
6. The name and (if changed):	street address of the new registered agent (If changed) and /or registered office	All Addition	8CT -3 A	
	C T Corporation System		::::: '. !!	`-
	c/o C T Corporation System, 1200 South Pine Island Road		(C)	
	P.O Box NOT acceptable Plantation, Florida 33324	24	Ç, <u>J</u>	
The street addre	ess of its registered office and the street address of the business office of its regi- be identical.	stered ag	gent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	T SO		
Bito	Brigitte M. Hunt, Vice President re of an officer or director Printed or typed owne and life			
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as relative to the proper and complete is document is being filed merely to reflect a change in the registered office addition that the corporation has been notified in writing of this change.	egist e red Fess, I	,	•
By: Kale	10/03/2019			
If signing on bel				
Ty	* * * 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 (03/12)