

034025

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000191395 3)))



H140001913953ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

RECEIVED  
14 AUG 13 PM 4:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
EL DE CO., INC. OF SOUTH CAROLINA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 AUG 13 PM 2:42

*RA/RG Change*

Electronic Filing Menu Corporate Filing Menu Help

AUG 14 2014

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** El De Co., Inc. d/b/a EL DE CO., INC. OF SOUTH CAROLINA  
Name of Corporation

**DOCUMENT NUMBER:** 834025

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:

Stephen Reynolds  
Name of Contact Person  
El De Co., Inc.  
Firm/Company  
5751 Augusta Road  
Address  
Greenville, SC 29605  
City/State and Zip Code  
sreynolds@eldecoinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

**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 South Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: El De Co., Inc. d/b/a EL DE CO., INC. OF SOUTH CAROLINA
- 2. The principal office address: 5751 Augusta Road, Greenville, SC 29605
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 03-19-1975 Document number: 834025
- 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)

NRAI Services, Inc.  
1200 S. Pine Island Rd.  
Plantation, FL 33324

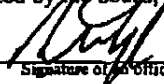
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 14 AUG 13 PM 2:42

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.

  
 \_\_\_\_\_  
Signature of an officer or director

Stephen L. Reynolds, CFO & Secretary  
 \_\_\_\_\_  
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.*

By:   
 \_\_\_\_\_  
Signature of Registered Agent

August 4, 2014  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

Jordan Brown, Assistant Secretary - CT Corporation System  
 \_\_\_\_\_  
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 (03/12)