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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington. De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: May 1, 2020

Order#: 248115-007

Re: ERICKSEN, ROED AND ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX \_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi ion organized under the laws of the State of MN or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: ERICKSEN, RC	DED AND ASSOCIATES, INC.	
2. The principal		****	
3. The mailing a	ddress (if different):		
		01 Document number: F01000005685	
	street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	REGISTERED AGENTS LEG	GAL SERVICES, LLC	
	155 OFFICE PLAZA DR.		
	TALLAHASSEE	FL 32301	2021
6. The name and (if changed):	street address of the new regist		2020 HAYY 6
	Corporation Service Compan		
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	PH12: L
		P.O. Box NOT acceptable	<del>-</del>
	Tallahassee	FL 32301	
_		he street address of the business office of its registered	l agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.	
بر عون کے	9. agni	Jill Cilmi, Vice President	
I hereby accept I further agree to of my duties, and document is bein corporation has	e of an officer or director the approximation as registered.	Printed or typed name and title agent and agree to act in this capacity. f all statutes relative to the proper and complete perfo t the obligation of my position as registered agent. O nge in the registered office address, I hereby confirm to c change.	ormance r, if this that the
By: Lin	ace Cokubi	04/30/2020	
Sign If signing on bel	ature of Registered Agent	Date	
	•		
<del></del>	Assistant Vice President ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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