Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842 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:

REGISTERED AGENT CHANGE **EVCON SERVICES, INC.**

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Estimated Charge	\$35.00

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Corporate Filing Menu

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MAY 08 2014

C. CARROTHESKY2015

COVER LETTER

TO:	Amendment Section Division of Corporations
STIRI	Eveon Services, Inc.
5050	Name of Corporation
DOC	F09000000831 UMENT NUMBER:
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Diane Ruple
	Name of Contact Person
	Evcon Services, Inc.
	Firm/Company
	11585 Jones Bridge Rd, Suite 420-231
	Address
	Johns Creek, GA - 30022
	City/State and Zip Code
	diane.ruple@evconservices.com
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
Dianc	Ruple 770 696-1314
	Ruple 770 696-1314 Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 2661 Executive Center Circle

CR2E045 (03/12)

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

1 The name of the company tions - 1 200 but 1 200 min	of Florida.	
The name of the corporation: Evcon Services, Inc. The principal office address: 11585 Jones Bridge Rd, Suite 420-231		
Johns Crock GA 20027	700	<u> </u>
3. The mailing address (if different):	カル エ四	HA.
	AR AR	
4. Date of incorporation/qualification: 03/03/2009 Document number: F090	00000831	
The name and street address of the current registered agent and registered office on fil Florida Department of State: (If resigned, enter resigned)	-11	19: 1
ELLIS, TERRELL E		7
17653 STEELFIELD RD		
VERNON, FL 32462		
c/o C T Corporation System, 1200 South Pine Island Road	<u> </u>	
C T Corporation System 1200 South Ping Jeland Road		
P.O. Box NOT acceptable Plantation, Florida 33324		
The street address of its registered office and the street address of the business office as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change. 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 performance of my duties, and I am familiar with and accept the obligation of my pass	complete sition as registered	
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change. 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 performance of my duties, and I am familiar with and accept the obligation of my postagent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change. C T Corporation system	complete sition as registered	
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change. 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 stanues relative to the proper agent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change. CT Corporation System	complete sition as registered	

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

- (429 101) Water Victor Cal-

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