## F15000003169

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: SDP-Consultants Corp

Name of Corporation

DOCUMENT NUMBER: F15000003169

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:

Suzanne Kral

Name of Contact Person

SDP Inc.

Firm/Company

1616 Cape Coral Pkwy W STE 154

Address

Cape Coral, FI 33914

City/State and Zip Code

skral@sdp-consultants.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Kral

,423

2428831

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

## 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, the statement of change is submitted for a corporation organized under the laws of the State of Florida	1
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SDP-Consultants Corp	
2. The principal office address: 6111 Heritage Park Dr Suite A200	
Chattanooga, TN 37416	
3. The mailing address (if different): 1616 Cape Coral Pkwy W Suite 154	<u> </u>
Cape Coral, FL 33914	
4. Date of incorporation/qualification: 07/20/2015 Document number: F1500000316	9
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)	
Daniel Kral	
14359 Miramar Pkwy Suite 343	
Miramar, FL 33027	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	THE THE PARTY OF T
Suzanne Kral	3
1616 Cape Coral Pkwy W Suite 154	3
P.O. Box NOT acceptable	<b>a</b>
Cape Coral, FL 33914	1
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	d agent,
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.	I
Suzanne P Kral, President  Signature of an officer or director  Suzanne P Kral, President  Printed or typed name and title	
$\mathcal O$	
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 regist agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	ered L
Signature of Registered Agent 10-18-17 Date	<u> </u>
If signing on behalf of an entity:	
Typed or Drinted Norms	
Typed or Printed Name  * * * FILING FFF. \$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)