

F15000003169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

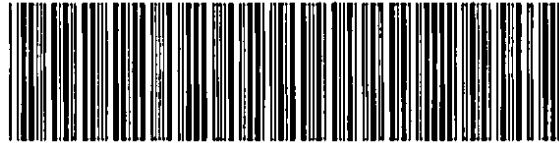
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TALLAHASSEE, FL 32301

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JAN 17 2019

I ALBRITTON

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 P. Kral

Name of Contact Person

SDP-CONSULTANTS CORP

Firm/Company

2501 SW 160th Ave suite 250

Address

Miramar, FL 33027

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:

Natacha Brea

Name of Contact Person

at (**954**) **598-3317**

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, this statement of change is submitted for a corporation organized under the laws of the State of Tennessee 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: 2501 SW 160 Ave Suite 250
Miramar, FL 33027
3. The mailing address (if different): 14359 Miramar PKWY suite 343
Miramar, FL 33027
4. Date of incorporation/qualification: 07/20/2015 Document number: F15000003169
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)

KRAL, SUZANNE

1616 CAPE CORAL PKWY W SUITE 154

CAPE CORAL, FL 33914

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

2501 SW 160 Ave

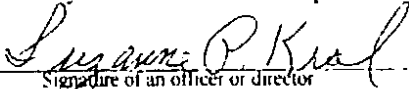
Suite 250

P.O. Box NOT acceptable

Miramar, FL 33027

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

Suzanne P Kral
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.

January 10, 2019

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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