F16000072 25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

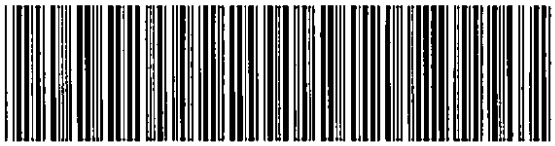
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500317082045

S TALLENT

AUG 21 2018

FILED

18 AUG 20 PM 4:25

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eassist, Inc
Name of Corporation

DOCUMENT NUMBER: F16000000725

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:

Devanee Maass
Name of Contact Person

eAssist, Inc
Firm/Company

240 N. East Promotory Suite 200
Address

Farmington, UT 84025
City/State and Zip Code

taxes@eassist.me
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devanee Maass at (844) 327-7478
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, this statement of change is submitted for a corporation organized under the laws of the State of WY *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Eassist, Inc,

2. The principal office address: 1712 Pioneer Ave Suite 1348
Cheyenne, WY 82001

3. The mailing address (if different):

02/17/2016

4. Date of incorporation/qualification: 12/14/2011 Document number: F16000000725

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)

Northwest Registered Agent LLC
3030 N. Rocky Point Drive Suite 150A
Tampa, FL 33607

FILED
18 AUG 20 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Katrina Winch
3625 Crazy Horse Trail
P.O. Box NOT acceptable
Saint Augustine, FL 32086

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.

Sandy Odle-Gutierrez
Signature of an officer or director

Sandy Odle-Gutierrez VP
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.

Katrina Winch
Signature of Registered Agent

08/08/2018
Date

If signing on behalf of an entity:

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)