

F17 000002662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

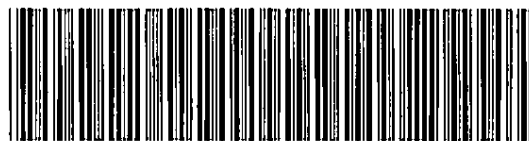
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
2020 FEB 24 AM 7:26

QM
3/11/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Envinity Inc
Name of Corporation

DOCUMENT NUMBER: F17000002662

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:

Shaun T Pardi

Name of Contact Person

Envinity Inc

Firm/Company

25 Decibel Rd, Suite 205

Address

State College, PA 16801

City/State and Zip Code

floridaoffice@envinity.com

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

For further information concerning this matter, please call:

Shaun T Pardi

Name of Contact Person

at (814) 234-3927

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Envinity Inc
2. The principal office address: 25 Decibel Rd, Suite 205, State College, PA 16801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 9, 2017 Document number: F17000002662
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)

Kevin Gombotz

3422 NW 13th Ave

Gainesville, FL 32605

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

Kevin Gombotz

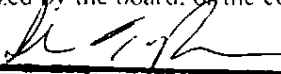
8810 SW 115th Ave

P.O. Box NOT acceptable

Gainesville FL 32608

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

Shawn T. Parry

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.



Signature of Registered Agent

2/17/20

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 (04/13)

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