

F18 0000000019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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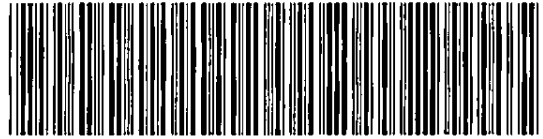
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

01/01/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EGV Companies, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F18000000019

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:

SARA HALPHIN

Name of Contact Person

YEAR TO YEAR CONSULTING, L.L.C.

Firm/Company

1580 NORTH POINT PRAIRIE ROAD

Address

WENTZVILLE, MO 63385

City/State and Zip Code

SARA.HALPHIN@Y2YC.COM

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

REC'D  
DIV. OF STATE  
CORP. HASSEE, FL  
JUN 11 AM 10:18

For further information concerning this matter, please call:

SARA HALPHIN at ( 636 ) 639-1880  
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  
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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EGV Companies, Inc.
2. The principal office address: 16150 MAIN CIRCLE DRIVE, SUITE 410  
CHESTERFIELD, MO 63017
3. The mailing address (if different): 50 N LAURA STREET, #2500, JACKSONVILLE, FL 32202
4. Date of incorporation/qualification: 01/02/2018 Document number: F18000000019
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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 32203

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

Registered Agents Inc

7901 4th St N STE 300

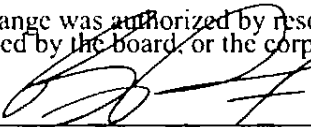
P.O. Box NOT acceptable

St. Petersburg FL 33702

FILED  
DEPT OF STATE  
TALLAHASSEE, FL  
2024-03-13 AM 10:18

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

Brian Fox, Vice President

\_\_\_\_\_  
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

03/13/2024

\_\_\_\_\_  
Date

If signing on behalf of an entity:

David Roberts

\_\_\_\_\_  
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)