Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F18000003827

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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REGISTERED AGENT CHANGE

ECA DOVE SUNTRUST, CORP.

Certificate of Status	0
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Page Count	01
Estimated Charge	$35.00

2022 NOV 17 PM 4:30

Electronic Filing Menu Corporate Filing Menu Help 17 2022

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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: ECA Dove Suntrust, Corp.

2. The principal office address: 13041 W. Linebaugh Avenue, Tampa, FL 33626

3. The mailing address (if different):

4. Date of incorporation/qualification: 8/14/2018 Document number: F18000003827

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)

Christopher Wild

13041 W. Linebaugh Avenue

Tampa, FL 33626

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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.

/s/ Elliot Sasson
Signature of an officer or director

Elliot Sasson, 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.

NRAI Services, Inc.

By: /s/ Tina Lipko
Signature of Registered Agent

11/17/2022
Date

If signing on behalf of an entity:

Tina Lipko, VP
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

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