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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 563761 8401613				
AUTHORIZATION :				
COST LIMIT : \$ 35.0				
ORDER DATE : July 25, 2024				
ORDER TIME : 11:36 AM				
ORDER NO. : 563761-030				
CUSTOMER NO: 8401613				
CHANGE OF AGENT				
NAME: ECOLOGICAL LABORATORIES INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt				
EXAMINER'S INTITALS.				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida S ration organized under the laws of the State of _ ice or registered agent, or both, in the State of F	New York
	the corporation: ECOLOGIC	,	
		E 2ND FL, STATEN ISLAND, NY 10314	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/10	/1998 Document number: F980000	005100
	f street address of the current timent of State: (If resigned, e	registered agent and registered office on file wit enter resigned)	h the
	RICHTER, MICHAEL		
	2525 NE 9TH AVE		
	CAPE CORAL, FL 33909		
6. The name and (if changed):	l street address of the new reg	gistered agent (if changed) and /or registered offi	
	Corporation Service Compa	any	7974 K.
	1201 Hays Street		
		P.O. Box NOT acceptable	₩
	Tallahassee	FL 32301	··· · · · · · · · · · · · · · · · · ·
The street addreas changed will	ess of its registered office and be identical.	d the street address of the business office of its	registered agent,
Such change wa authorized by th	is authorized by resolution die board, or the corporation h	uly adopted by its board of directors or by an class been notified in writing of the change.	officer so
Met	02	Nick Favret, CEO	8/2/2024
I hereby accept I further agree to of my duties, and document is bein corporation has Corporatior	Service Company	Printed or typed name and title of agent and agree to act in this capacity. It is of all statutes relative to the proper and complete the obligation of my position as registered thange in the registered office address. I hereby his change.	
By: Sha	una Godbolt-	Date	
If signing on bel	nalf of an entity:		
SHAUNA GODBOLT			
Ту	ped or Printed Name	<del></del>	
	* * * F	ILING 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)