Flörida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002396563)))



H170002396563ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number : (608)827-5501

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

Email Address:

agentebizfilings-com

RECEIVED

17 SEP -6 PM 4: 20

1. Show of COMPERSINATION SEPVICES

REGISTERED AGENT CHANGE EVEREST CAPITAL INC.

0
0
02
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9-7-11

9/6/2017

H17000239656 3

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

statement of ch	ange is submitted for a c	07.0502. 617.0502. 607.1508, or 617.1508, Florida Statutes, orporation organized under the laws of the State of Delaware	this	
in orde	er to change its register	d office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: EVERE	ST CAPITAL INC.		_
	l office address: 2601 B	ayahore Drive Suite 1700, Mianu, Florida 33133		_
, •				_
3. The mailing	address (if different):			
4. Date of incor	poration/qualification:	3/11/1999 Document number; F99000001373		_
5. The name an		 prent registered agent and registered office on file with the	_	
	CORPORATION SERV	ICE COMPANY	4	
	1201 HAYS STREET	·	17 S SEC	¥1.
	TALLAHASSEE, PL 32	 	SEP -	•
6. The name an (if changed):		ew registered agent (if changed) and for registered office	-6 PH 12: 49 TARY OF STATE ASSEE FLORID	_
	Business Filings Incorpo	rated	1.51	Ç
	1200 South Pine Island I	 Road		I
	· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable		
	Plantation, Florida 3332	4		
		ice and the street address of the business office of its registe		
Such change we authorized by t	as authorized by resoluthe board, or the corpora	tion duly adopted by its board of directors or by an officer s ation has been notified in writing of the change.	iO	
- Commander	The of all fothers or director	Neven Brail, Authorized Representative.		
I hareby accep I fin ther agree performance of agent. Or, if the hereby confirm	t the appoinment as re- to comply with the pro- f my dulies, and I am fa his doctanent is being fi i that the corporation h	elstered again and agree to act in this capacity. Astrons of all statutes relative to the proper and complete initiar with and accept the obligation of my position as region arealy to reflect a change in the registered office address been stotified in writing of this change;	stered ss, I	
Hall_	-	31st day of August, 2017		
S	guature of Registered Agent	Date		
If signing on b	elialf of an entity:			
Mark Williams,				
7	Typed or Printed Name	* FILING FEE: \$35.00 ** *		
M CR2E045 (03/12)	Lail to: Division of C	PAYABLE TO FLORIDA DEPARTMENT OF STATE ORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		
		#170002396563		