Q18807

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2020 SEP 10 AM II: 43

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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------------|---|--|
| SUBJ Name | ECT: EXECUTIVE REPORTING SERVICE, IN of Corporation | NC. |
| DOC | UMENT NUMBER: G18807 | |
| The e | nclosed Statement of Change of Registered O | office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this ma | atter to the following: |
| | | |
| | DL A. BAER | |
| | of Contact Person | |
| | CUTIVE REPORTING SERVICE, INC. | |
| | Company | |
| | 5.W. 75th STREET, U-128 | |
| Addro | SS | |
| | ESVILLE, FL 32608 | |
| City/S | tate and Zip Code | |
| | carolbaer60@yahoo.com | |
| E-ma | il address: (to be used for future annual re | port notification) |
| For fu | rther information concerning this matter, plea | ase call: |
| | DL A. BAER | at (352) 682-6474 Area Code & Daytime Telephone Number |
| CARC | Name of Contact Person | |

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

CR2E045 (04/13)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Stainge is submitted for a corporation organized under the laws of the State of $\frac{\mathrm{Fl}}{\mathrm{Fl}}$ or change its registered office or registered agent, or both, in the State of Fla | orida | nis | - |
|--|--|----------------------------------|----------------------------------|----------------|
| 1. The name of t | the corporation:EXECUTIVE REPORTING SERVICE, INC. | | | |
| 2. The principal | office address: 5333 S.W. 75th Street, U128, Gainesville, FL 32608 | | | _ |
| 3. The mailing a | address (if different): same | | | _ |
| 4. Date of incorp | poration/qualification: 1/14/1983 Document number: G18807 | | | |
| | d street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned) | the | | |
| | CAROL A. BAER | | | |
| | 22301 Thousand Pines Lane | | | |
| | Boca Raton, FL 33428 | 2. | 202 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | CAL PAR | 2020 SEP 10 AMII: 4 | er - |
| | CAROL A. BAER | SSY 0 A | <u>-</u> | <u> </u> |
| | 5333 S.W. 75th Street, U128 | (1) (3) (2) (3) | = | Ç |
| | P.O. Box NOT acceptable | | ţ. | |
| | Gainesville, FL 32608 | • • • | - | |
| The street address changed will | ess of its registered office and the street address of the business office of its be identical. | registere | ed agen | ıt. |
| Such change wa authorized by th | ns authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change. | fficer so |) | |
| Card | Carol Back re of an officer or director Printed or typed name and title | | | - |
| I furthér agrée i of my duties, an document is bei | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp of I am familiar with and accept the obligation of my position as registered in gilled merely to reflect a change in the registered office address. I hereby s been notified in writing of this change. | elete per agent. (Confirm | forman Or, if th 1 that th | ce us 1e |
| Sig | 201, Bally 9-6-2020 nature of Registered Agent 9-6-2020 | | | - |
| Can | half of an entity: OLBOR Speed or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *