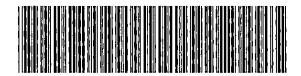
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| Special Instructions | to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|-------------------------------------|--------------------------------|--|
| SUBJECT: Evan Services Company, L | LC_ | | | |
| Na | me of Limited | Liability Company | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Of | ffice Change a | nd fee(s) are submitted for filing. | | |
| Please return all correspondence concerning to | his matter to ti | he following: | | |
| Evan Sellari | | | | |
| Name of Person | <u>-</u> | | | |
| Divine, Blalock, Martin & Sellari, LLC | | | | |
| Firm/Company | | | | |
| 580 Village Blvd., Suite 110 | | | 20: TA | |
| Address | | | 2018 SEP SECRET TALL ARV | |
| West Palm Beach, Florida 33409 | | | P 13 | |
| City/State and Zip Code | | | | |
| gsellari@dbmscpa.com | | | 등 2 | |
| E-mail address: (to be used for future an | inual report no | tification) | | |
| For further information concerning this matter | r, please call: | | | |
| Gary Sellari, CPA | 561 | 686-1110 | | |
| Name of Person | (| Area Code & Daytime Telepho | one Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the followin | g amount: | | | |
| \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| I. Na | me of the limited liability company: Evan Services | s Com | pany, LLC | | | |
|---|--|---|---|---|---|------------------------------------|
| | | | | | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability com (Note: MAY BE POST OFFICE BO | | ted liability compan | y: | |
| | 580 Village Boulevard, Suite 110 | | 580 Villa | age Boulevard, S | Suite 110 | |
| | West Palm Beach, FL 33409 | _ | West Pa | ılm Beach, FL 3 | 33409 | |
| | 10/18/2017 | | H170002 | 75442 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | r | _ |
| 5. (a) | | | | | | |
| . () | Registered Agent and Registered Office shown on the records of the | he Floric | a Dept, of State | 2: | | |
| | Corporate Creations International, Inc. | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>S)</u> | • | | |
| | 11380 Prosperity Farms Road, #221E | | | | | |
| | Palm Beach Gardens | 33410 |) | - | 2010 SEP SEGRET | ~ |
| (b) | Evan Sellari | | | | 平 13 | |
| , , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office at | <u>ldresş</u> : | • | | T |
| | | | | | (S) (S) | Arrive Nacion |
| | NEW Registered Office Address: | | | • | 58 5 | |
| | 580 Village Boulevard, Suite 110 | | | - | ,• | |
| | West Palm Beach FL | 33409 |) | _ | | |
| he cha igent w was/we he arti | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member | the reg bility c f the lir | istered office ompany, it is nited liability liability con | e and the business of s hereby confirmed y company or as of | office of the regi I that the change therwise provide | stered (s) |
| I hereb provision The obli To mere | by accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete jigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. | ee to ac perforn I for in tereby c | t in this can | acity. I further aur | ree to comply wi | th the accept g filed een |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent