

M 19 00000 3166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

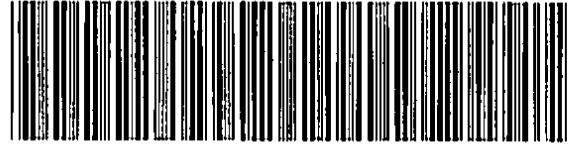
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/06/19--01030--010 **25.00

APPROVED
AND
FILED
2019 MAY 28 PM 5:01
FILING OFFICE
MAY 28 2019

T GLASS
MAY 28 2019

PO Box 670284
Marietta, GA 30066
678-324-1294
770-485-2113
edtinvestigations.com



Fax

To: Tacarri Glass	From: George Wiley Morgan
Fax: 850-245-6030	Pages: 3
Phone:	Date: 05/28/2019
Re: Amended Filing Foreign Corporation	cc: Name

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

Comments:

Please see the attached memo regarding amended filing for EDT Investigations, LLC.

Thank you.

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2019 MAY 28 PM 5:01
 EDT INVESTIGATIONS, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDT Investigations

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George W. Morgan

Name of Person

EDT Investigations, LLC

Firm/Company

P.O. Box 670284

Address

Marietta, Georgia 30066

City/State and Zip Code

wmorgan@edtinvestigations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George W. Morgan

Name of Person

at (678) 777-7113

Area Code & Daytime Telephone 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 following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: EDT Investigations, LLC

Enter new principal office address, if applicable: 252 Creekstone Ridge

(Principal office address) Woodstock, Georgia 30188
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: P.O. Box 670284

(Mailing address) Marietta, Georgia 30066
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M19000003166

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 3/29/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Russell H Zimmerman	1750 Dawn Valley Lane	<input type="checkbox"/> Add
		Cumming, Ga 30040	<input checked="" type="checkbox"/> Remove
AMBR	David F. Milroy	8004 Waterstone Place	<input checked="" type="checkbox"/> Add
		Buford, Georgia 30518	<input type="checkbox"/> Remove
AMBR	Ronnie Lanir Jones, Jr.	502 Widgeon Way	<input checked="" type="checkbox"/> Add
		Jefferson, Georgia 30549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE OF GEORGIA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

George W. Morgan
 Signature of the authorized representative

George W. Morgan
 Typed or printed name of signee

Filing Fee: \$25.00