

M 19 00000 3166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

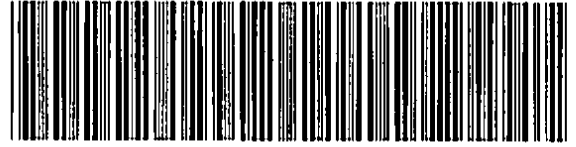
(Business Entity Name)

(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

<b>To:</b> Tacarri Glass	<b>From:</b> George Wiley Morgan
<b>Fax:</b> 850-245-6030	<b>Pages:</b> 3
<b>Phone:</b>	<b>Date:</b> 05/28/2019
<b>Re:</b> Amended Filing Foreign Corporation	<b>cc:</b> Name
<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

Comments:

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

Thank you.

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 AND  
 FILED  
 2019 MAY 28 PM 5:01  
 ED T 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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AND  
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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

2019 MAY 28 PM 5:01

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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