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.

(((H23000165423 3)))



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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

တ <u>ှင်</u> Émail	Address:	 		
三云				

REGISTERED AGENT CHANGE EAST COAST REPORTING SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help'

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

statement of cha	e provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> or to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of 0	the corporation: East Coast Reporting Service, Inc.	_				
	l office address:	-				
3. The mailing a	address (if different):	_				
4. Date of incorp	poration/qualification: 04/24/87 Document number: M50916					
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)					
	DE ANGELIS, CHRISTINA					
	1404 EAST LAS OLAS BLVD.					
	FT. LAUDERDALE, FL 33303-9997 😝					
6. The name and (if changed):		200				
	Registered Agents Inc	Ū				
	7901 4th St N STE 300	¥				
	P.O. Box NOT acceptable	•				
	St. Petersburg FL 33702					
The street address changed will	ress of its registered office and the street address of the business office of its registered agent I be identical.					
Such change wa authorized by th	ras authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.					
Christing D.	CHRISTINA DE ANGELIS - PRESIDEN Printed or typed name and title	1T				
I hereby accept I further agree of of my duties, an document is bei	t 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 complete performanc nd I am familiar with and accept the obligation of my position as registered agent. Or, if the ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	C S ?				
David Homes	05/03/2023					
_	gnature of Registered Agent Date ehalf of an entity:					
David Robe						
	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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