

N13000003945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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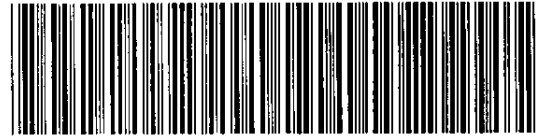
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK
DIVISION OF TAX & FINANCE
15 APR 23 PM 12:40

C.L.
4-29-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **EKHOS INCORPORATED**
Name of Corporation

DOCUMENT NUMBER: **N13000003945**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

DEBBIE VIVEIROS

Name of Contact Person

Firm/Company

4400 N ARMENIA AVE

Address

TAMPA FL 33603

City/State and Zip Code

DVIVEIROS@BANKOFTAMPA.COM

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

For further information concerning this matter, please call:

DEBBIE VIVEIROS

Name of Contact Person

813 998-1982

at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EKHOS INCORPORATED
2. The principal office address: 4400 N ARMENIA AVE
TAMPA FL 33603
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/24/13 Document number: N13000003945

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LESLIE MCCABE-HOLM

15302 AMBERLY DR

TAMPA FL 33647

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DEBBIE VIVEIROS

4400 N ARMENIA AVE

P.O. Box NOT acceptable

TAMPA FL 33603

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DEBBIE VIVEIROS, VP

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

04/17/15

Date

If signing on behalf of an entity:

DEBBIE VIVEIROS

Typed or Printed Name

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

SECTION 1
DIVISION OF CORPORATIONS
15 APR 23 PM 12:40