Division of Corporations Electronic Filing Cover Sheet

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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 future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE ELISHA HOUSE INTERNATIONAL 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

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statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of registered agent, or both, in the State of Florida.	is ———	
1. The name of t	he corporation: Elisha House I	International Inc.		
	office address: 2477 Stickney I			
Sarasota FI 3			-	
3. The mailing a	ddress (if different): 7901 4th S	St N STE 300 St. Petersburg FL 33702		
	poration/qualification: 09/25/13			
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)		
	SPIEGEL & UTRERA	, P.A.		
	1840 SOUTHWEST 22 ST	REET 4TH FLOOR	202;	
	MIAMI, FL 33145		" PAP	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	2022 APR 14 AM	
	Registered Agents Inc.		- 	
	7901 4th St N STE 300	J. T. S.	7:43	
P.O. Box NOT acceptable				
	St. Petersburg FL 3370)2		
_		street address of the business office of its registere	d agent,	
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.		
DEAME	E A MONAMARA	DEANNE A MCNAMARA		
	re of an officer or director	Printed or typed name and title		
I further agree to of my duties, an document is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept to reflect a change been notified in writing of this c	ent and agree to act in this capacity. ull statutes relative to the proper and complete perfe he obligation of my position as registered agent. O e in the registered office address, I hereby confirm hange.	ormance or, if this that the	
Bee Hame	nature of Registered Agent	04/14/22		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
T	yped or Printed Name	•		

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