N14DDDDDD01957

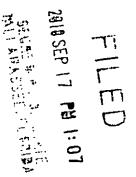
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
PICK-UP WAIT	MAIL.	
(Business Entity Name	e)	
(Document Number)		
Certified Copies Certificates of	of Status	
Special Instructions to Filing Officer:		
<u> </u>		

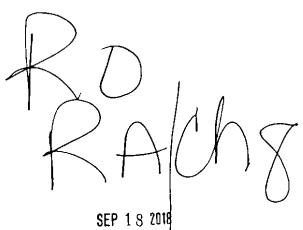
Office Use Only



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SEP 18 ZUIN

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: EdCenter, Inc.		
Name of Corpo		
DOCUMENT NUMBER: N14000007957		
The enclosed Statement of Change of Registered Office/A		
Please return all correspondence concerning this matter to	the following:	
Kevin Baird		
Name of Contac	t Person	
EdCenter, Inc.		
Firm/Comp	any	
51 East Jefferson St. #3188		
Address		
Orlando, FL 32802		
City/State and Z	ip Code	
registrar@edcenter.	org	
E-mail address: (to be used for futur	re annual report notification)	
For further information concerning this matter, please call:		
Kevin Baird	1 (Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amenament Section Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

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

	-	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of	the corporation: EdCenter, Inc	С.
2. The principal	office address: 51 East Jeffe	rson St. #3188, Orlando, FL 32802
	<u> </u>	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 8/25/201	14
	d street address of the current registrement of State; (If resigned, enter r	tered agent and registered office on file with the resigned)
	Kevin Baird	
	111 E Washington St #; ORLANDO, FL 32801 L	2714
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):		
	Linda Dove	ed agent (ir changed) and /or registered orner.
	51 East Jefferson St. #3	3188
	Orlando, FL 32802	ux NOT acceptable
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wanthorized by the	as authorized by resolution duly as he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
	ire of an officer or director	President Printed or typed name and title
I hereby accept I further agree performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. If statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
Linda	Dove	9/10/2018
Sig	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
1	yped or Printed Name	
	•	

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