

N17000002240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

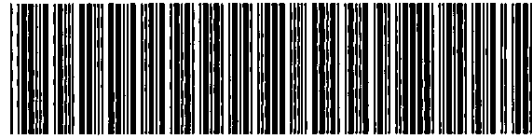
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900298813089

05/08/17--01018--016 **35.00

S. TALLENT

MAY 15 2017

R/A-CH

FILED
17 MAY -8 PM 4:03
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Emergency Information Systems Inc.
Name of Corporation

DOCUMENT NUMBER: N17000002240

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:

Grant Webb

Name of Contact Person

Emergency Information Systems Inc.

Firm/Company

401 E. Jackson St. Suite 2340

Address

Tampa, FL 33602

City/State and Zip Code

ceo@emergencyinformationsystems.com

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

For further information concerning this matter, please call:

Grant Webb at 813 7709244
Name of Contact Person 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: Emergency Information Systems Inc.
2. The principal office address: 401 E. Jackson St. Tampa, FL 33602
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-24-2017 Document number: N17000002240
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)

Grant Webb

4731 W. Bay Vista Ave

Tampa, FL 33611

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

John K. Carter

9455 Koger Blvd, Suite 102

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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.

Grant Webb
Signature of an officer or director

Grant Webb - Chairman

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.

John K. Carter
Signature of Registered Agent

4-24-61

Date

If signing on behalf of an entity:

John K. Carter

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314