## N190000009630

(Requestor's Name)
(Address)
(Address)
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(2.9)
PICK-UP WAIT MAIL
(2)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

END HUMAN TRAFFICKING INC	
SUBJECT: END HUMAN TRAFFICKING, INC. Name of Corporation	, .,, <u>,, , =, ,</u>
DOCUMENT NUMBER: N19000009030	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ERIN COLLINS	
Name of Contact Person	
END HUMAN TRAFFICKING, INC.	
Firm/Company	11-11-1-1-1-1-1
1400 VILLAGE SQUARE BLVD., #3-110	
Address	
TALLAHASSEE, FL 32312	
City/State and Zip Code	
ERIN@FLORIDAALLIANG	CEENDHT.COM
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
ERIN COLLINS	at (850 ) 570-1492 Area Code & Daytime Telephone Number
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	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State of $\frac{1}{2}$	FLORIDA	_
	he corporation: END HUMAN TRAFF			
	office address: 4060 KILMARTIN DRI			_
3. The mailing a	ddress (if different): 4060 KILMARTI	N DRIVE TALLAHASSEE, FL 32309	<del></del>	_
The mailing address (if different):      Os/21/2019			09030	
5. The name and	street address of the current registered tment of State: (If resigned, enter resigned,	lagent and registered office on file wi		
	RICHARD MARTIN			
	PL-01, THE CAPITOL TALLAHASSE	EE, FL 32399 US	-	
6. The name and (if changed):	I street address of the new registered as	gent (if changed) and /or registered off	2023 AUG - SECRETAL TALLAH	esigna G
1400 Village Square Blvd., Suite 3-110 Tallahassee, FL 32312 US				
	PO	Box, NOT acceptable	PH 2: COF STI SSEE, F	O
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its	s registered <b>fo</b> c	nt,
Such change wa authorized by th	as authorized by resolution duly adop se board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so	
<u> </u>	Sprift-	Ellyn S Bogdanoff, Chair		_
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chang	atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb	iplete performa	nce his 'he
Qu	nollia	June 12, 2023		
Sign	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
ER	IN COLLINS			
T	yped or Printed Name			

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