## P02000004538

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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: Electronic Consultants, Inc Name of Corporation DOCUMENT NUMBER: P02000004538 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: **David Graff** Name of Contact Person Electronic Consultants, Inc. Firm/Company 7901 4th St. N STE 11390 Address St. Petersburg, FL 33702 City/State and Zip Code digraff38@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Graff Area Code & Davtime Telephone Nu Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida State or <u>FL</u> organized under the laws of the State of <u>FL</u> registered agent, or both, in the State of Flori	<u> </u>
1. The name of t	the corporation: Electronic Consult	ants, Inc	
2. The principal	office address: 7901 4th St. N STE		
St. Petersburg,	FL 33702		
4. Date of incorp	poration/qualification: 1/14/2002	Document number: P02000004	538
	I street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	he
	David Graff		
	3234 Anchor Bay Trail		
	Bradenton, FL 34211		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	
	Registered Agents Inc		
	7901 4th St N STE 300		201
	St. Petersburg FL 33702	P.O. Box NOT acceptable	22 OCT
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its re	
Such change wa authorized by th	s authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an offi en notified in writing of the change.	iceriso,
David,	Half re of an other or director	David Graff, President	5
I hereby accept I further agree to of my duties, an document is bei corporation has		Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and comple we obligation of my position as registered ag in the registered office address, I hereby co ange.	te performance gent. Or, if this onfirm that the
Bee Hame		10/17/2022	
Sig	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Bill Havre			
17	ped or Printed Name		

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

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

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