Florida Department of State Division of Corporations Electronic Fiffing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate ano	omer cover sheet.	
To:			1
	Division of Corporations Fax Number : (850)617	7 - 6380	F.
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From:	Account Name : REGISTER	RED AGENTS INC.	
	Account Number : I2009000	90081	G.
	Phone : (307)200 Fax Number : (855)330		
	eport mailings. Enter only diress: REGISTERED AGEN		
mail Add	iress:	NT CHANGE	
mail Add	ress:REGISTERED AGEN	NT CHANGE	
mail Add	REGISTERED AGEN	NT CHANGE CONSULTANTS, I	
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Corporate Filing Menu

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Electronic Filing Menu

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508. or 617.1508, Florida Statutes, this ration organized under the laws of the State of
	the corporation: Anderson Er	
	office address: 10205 W Ro	
Little Rock A		
3. The mailing a	address (if different): 10205 V	/ Rockwood Road
Little Rock		
4. Date of incorp	poration/qualification: 11/30	/2007 Document number: P07000127994
5. The name and		registered agent and registered office on file with the
	ANDERSON, SCOTT W	19
	7901 4th St N STE 300	
	St. Petersburg, FL 33702	277
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office
	Northwest Register	ed Agent LLC \$\frac{\blue{1}}{2} \cdot \frac{2}{2}
	7901 4th St N STE 300	0
	St. Petersburg FL 3	P.O. Hov. NOT acceptable
The street address changed will	ess of its registered office an	d the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution on the board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.
Scott Of	Pace SUN tre of an officer or director	Scott Anderson Printed or typed name and title
I hereby accept I further agree performance of agent Or if th	the appointment as register to comply with the provision my duties, and I am familia iis document is being filed m	red agent and agree to act in this capacity. as of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.
lon	Glove	05/02/2019
-	mature of Registered Agent	Date
C . C	chalf of an entity:	
Tom Glove	Typed or Printed Name	
•	•	EIL INC. FFF: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Talliahassee, FL 32314 CR2E045 (03/12)