

P11000054959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 29 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

CT CORPORATION SYSTEM SECOND MAILING
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

SUBJECT: EIP GLOBAL, INC.
Ref. Number: P11000054959

We have received your document for EIP GLOBAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 315A00010737

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EIP GLOBAL, INC.

Name of Corporation

DOCUMENT NUMBER: P11000054959

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:

Misty Riggs

Name of Contact Person

EIP GLOBAL, INC.

Firm/Company

2209 Collier Pkwy #119

Address

Land O Lakes, FL 34638

City/State and Zip Code

misty.m.riggs@gmail.com

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

For further information concerning this matter, please call:

Misty Riggs

813

579-4948

at ()

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

CR2E045 (03/12)

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: P11000054959
2. The principal office address: 2209 Collier Pkwy #119
LAND O' LAKES, FL 34638
3. The mailing address (if different): CMR 445 Box 1059
APO, AE 09046
4. Date of incorporation/qualification: June 2012 Document number: 45-2530319 / P11000054959
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)
THE SILVERMAN LAW FIRM, P.A.
2154 SEVEN SPRINGS BLVD. Suite 104
TRINITY, FL 34655
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.


Signature of an officer or director

Misty M Riggs, President
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.

By: C T Corporation System


Signature of Registered Agent

5/7/2015
Date

If signing on behalf of an entity:

Angel Nunez
Assistant Secretary

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
CR2E045 (03/12)