

PI 2000007046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

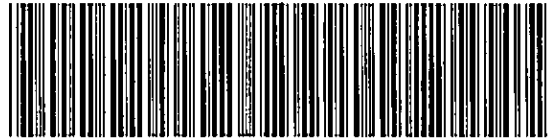
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/1/18

R. WHITE

JUN 25 2018

FILED
18 JUN 22 AM 7:30
STATE
TALAMON COUNTY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EncephaloDynamics, Inc.

Name of Corporation

DOCUMENT NUMBER: P12000027046

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:

Neil Martin

Name of Contact Person

EncephaloDynamics Inc.

Firm/Company

4432 NW 23rd Ave., Suite 1

Address

Gainesville, FL 32606

City/State and Zip Code

neil.martin@encephalodynamics.com

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

For further information concerning this matter, please call:

Neil Martin

Name of Contact Person

at (352) 327-9127 ext.750

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: EncephaloDynamics, Inc.
2. The principal office address: 4432 NW 23rd Ave Suite 1, Gainesville, FL 32606

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/19/2012 Document number: P12000027046

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)

SACKELLARES, JAMES C.

4332 NW 23RD AVE STE #1

GAINESVILLE, FL 32606

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

4432 NW 23RD AVE STE #1

Change street address from 4332 to 4432

P.O. Box NOT acceptable

Address change error made on annual filing

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.

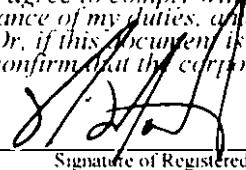


Signature of an officer or director

Neil Martin, Secretary Treasurer

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.



Signature of Registered Agent

June 20, 2018

Date

If signing on behalf of an entity:

Neil Martin, Secretary Treasurer

Typed or Printed Name

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

FILED
18 JUN 22 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA