Division of Corporations Electronic Filing Cover Sheet

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(((H200001680613)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE EVIA ADP INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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COVER LETTER

10:	Amendment Section Division of Corporations
SURJE	ECT: EVIA ADP INC
50D01.	Name of Corporation
DOCU	MENT NUMBER: P12000087366
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	CHEYENNE MOSELEY
	Name of Contact Person
	LEGALZOOM.COM, INC.
	Firm/Company
	101 N BRAND BLVD., 11TH FLOOR
	Address
	GLENDALE, CA 91203
	City/State and Zip Code
	rjedstrom@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
CHEY	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed 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**

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State ofegistered agent, or both, in the State of Florida.
1. The name of t	the corporation: EVIA ADP INC	
2. The principal	office address: 9023 SW 194th n, FL 34432	n Ct
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 10/16/201	2 Document number: P12000087366
	I street address of the current register trnent of State: (If resigned, enter re-	red agent and registered office on file with the signed)
	HANTZIDIAMANTIS, KOS	STAS
	9023 SW 194th Ct	
	Dunnellon, FL 34432	202 TAL
6. The name and street address of the new registered a (if changed):		agent (if changed) and /or registered office
	Richard Edstrom	
	190 W Keller St	
	P.O. Box Hernando, FL 34442	NOT acceptable
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,
Such charige was authorized by the	as authorized by resolution duly ado ne board, or the corporation has bee	pted by its board of directors or by an officer so notified in writing of the change.
1/1		Richard Edstrom, President
I further agree i performance of agent. Or, if the	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I ted in writing of this change.
1/-	6	5/19/2020
- Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	,
Richard Edst	rom	
	yped or Printed Name	