P13600009219

	questor's Name)			
(ive	questor s Name)			
(Ad	dress)			
(Ad	dress)	<u></u>		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		ļ.		

Office Use Only



500403190015

02,27/20--01018--001 **70.00

2020 FEB 27 - 28 | 1: 50

A CUTEER MAY 10 2023



Adam B. Edgecombe

Partner
aedgecombe@cobbgonzalez.com

February 23, 2023

Sent by U.S.Mail

Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: RUSSELL ROWLAND, INC.

Change of Address for Registered Agent

To Whom it May Concern:

Please see the enclosed application and check to change the address for the Registered Agent.

Respectfully submitted.

Adam B. Edgecombe

ABE/eah Enclosures

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ELO RESTORATION, INC. Name of Corporation	<u> </u>	
DOCUMENT NUMBER: P13000099279		
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
ADAM B. EDGECOMBE		
Name of Contact Person		
COBB & GONZALEZ, P.A.		
Firm/Company		
4655 SALISBURY ROAD, SUITE 200		
Address		
JACKSONVILLE, FL 32256		
City/State and Zip Code		
aedgecombe@cobbgonzalez.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
ADAM B. EDGECOMBE	at (904)822-8001	
Name of Contact Person	at (904)822-8001 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee. FL 32314

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

statement of ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida S. ration organized under the laws of the State of $\frac{F}{F}$ ice or registered agent, or both, in the State of Fi	LORIDA
1. The name of	the corporation: ELO RESTOR	RATION, INC.	
		OAD, JACKSONVILLE, FL 32257	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 12/13/	Document number: P1300009	9279
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file wit enter resigned)	h the
	ADAM B. EDGECOMBE		
	10151 DEERWOOD PARK B	BLVD, #300 #300	
	JACKSONVILLE, FL 32256		
6. The name ar (if changed):		gistered agent (if changed) and /or registered offi	2023 FEB 27
	4655 SALISBURY ROAD, SI		27
	JACKSONVILLE, FL 32256	P O Box NOT acceptable	ار الله السيار
The street addras changed will	ress of its registered office and If be identical.	d the street address of the business office of its	regi gi ered agent.
Such change wauthorized by	vas authorized by resolution d the board, or the corporation l	luly adopted by its board of directors or by an chas been notified in writing of the change.	officer so
5		ERIC GRENGS	
	ure of an officer or director	Printed or typed name and titl	e
I further agree of my duties, a document is bo	I the appointment as register to comply with the provision to I am familiar with and acciding filed merely to reflect a complete in writing of the peen notified in writing of the peen notifi	ed agent and agree to act in this capacity. s of all statutes relative to the proper and com sept the obligation of my position as registered hange in the registered office address, I hereb his change.	plete performanc agent. Or if thi y confirm that the
_\S_1	gnature of Registered Agent	2/23/2023Date	
If signing on b	ehalf of an entity:		
	Typed or Printed Name		
	* * * P	FILING FEE: \$35.00 * * *	

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