5/16/2018



Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617.6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

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REGISTERED AGENT CHANGE EGGBERT VENTURES INC.

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

Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organ, in order to change its registered office or register.	zed under the laws of the State of Florida
1. The name of the corporation: EGGBERT VENTURES	NC.
2. The principal office address: 2272 AIRPORT RD S ST NAPLES, FL 34112	E 201
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/11/2015	Document number: P15000099508
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned	
MYUSCORP	
2272 AIRPORT RD S SUITE 210)
NAPLES, FL 34112	
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office
Registered Agents Inc.	
3030 N. Rocky Point Dr. STE 150	
РО Вос NOT Tampa FL 33607	arceptable ~~
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Signature of an officer or objector	D/Secretary, Pretra Boehnke
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	
Bill Hame	5/11/18
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Bill Havre Fyped or Printed Name	
* * * FILING FEI	0: \$35.00 * * *

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (07/12)