

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to Fining Officer.		

Office Use Only



300307056663

12/29/17--01011--012 ++35.00

JAN 0 2 2010

17 DEC 29 #1 4:5

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Environmental Data Consultants, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000015755

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:

Alana Leffingwell Chia

Name of Contact Person

Environmental Data Consultants, Inc.

Firm/Company

7750 Okeechobee Blvd, Suite 4-679

Address

West Palm Beach, Florida 33411

City/State and Zip Code

Alana@edtpro.com

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

For further information concerning this matter, please call:

Alana Leffingwell Chia

404 \ 984-985

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

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

)	•	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida
		ered agent, or both, in the State of Florida.
1. The name of t	he corporation: Environmental Da	ata Consultants, Inc.
2. The principal	office address: 6109 Eaton Stree	t, West Palm Beach, Florida 33411
3. The mailing a	ddress (if different): 7750 Okeecho	obee Blvd, Suite 4-679
West Pa	alm Beach, Florida 33411	
4. Date of incorp	poration/qualification: 02/11/2016	Document number: P16000015755
	street address of the current registered a tment of State: (If resigned, enter resigned	gent and registered office on file with the
	Alana Gilmore	
	6109 Eaton Street	
	West Palm Beach, Florida	
6. The name and (if changed):	street address of the new registered age	inged due to marriage)
	Alana Leffingwell Chia (cha	inged due to marriage)
	(mailing address has chang	ed, physical address
	is the same)	acceptable 5.1 2
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
M Signatur	got an officer or director	Alana Leffingwell Chia
I further agrée t performance of agent. Or, if thi	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflicted the corporation has been notified in	d agree to act in this capacity. utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address. I
Mana	LChia	Alana Leffingwell Chia
Sigi	halfre of Registered Agent	Date
ii signing on be	half of an entity:	
Ту	pped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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