P1600034912

(Re	equestor's Name)	
· (Ac	ddress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300287781883

07/14/16--01016--010 **35.00

TCCCO JUL 21 2016 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Erich Scott Group, Inc. Name of Con	poration
DOCUMENT NUMBER: P16000034912	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Robin Stefa	novich
Name of Conta	act Person
Erich Scott Gr	oup. Inc.
Erich Scott Gr Firm/Com	pany
1311 East. Seven Addres	
1100100	
Tallahassee,	FL 32303
City/State and	Zip Code
Chafanaviah Pohi	ndamail aom
Stefanovich. Robi E-mail address: (to be used for fut	
	and distributions
For further information concerning this matter, please ca	11:
Patrick Schmidt	at (502) 584-1000 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
10:14:140500, 1 <i>D 323</i> 17	Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is submitted j	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida
The name of the corporation:	Erich Scott Group, Inc.
2. The principal office address:	1311 East Seventh Avenue
	Tallahassee, FL 32303
3. The mailing address (if differen	nt):
4. Date of incorporation/qualifica	tion: 04/20/2016 Document number: P16000034912
5. The name and street address of Florida Department of State: (I	the current registered agent and registered office on file with the fresigned, enter resigned)
	Robert A. Pierce
<u></u>	123 S. Calhoun St.
	Tallahassee, FL 32301
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
	Robin Stefanovich
1	311 East Seventh Avenue P.O. Box NOT acceptable
-	Tallahassee, FL 32303
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by rauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
Signature of an officer or direct	Robin Stefanovich, President Printed or typed name and little
l jurther agree to comply with the performance of my duties, and L	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I ion has been notified in writing of this change.
Signature of Registered Age	13 July 2016
If signing on behalf of an entity:	vil

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