

P16000039935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

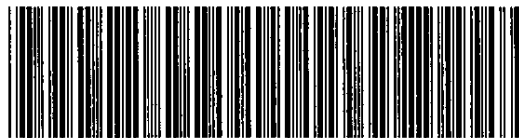
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700300265987

06/26/17--01031--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 26 PM 1:06

Ra Change

JUL 06 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EdisonLab, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000039935

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:

Lee Fentress

Name of Contact Person

EdisonLab, Inc.

Firm/Company

218 E Washington St.

Address

Lake Placid, FL 33852

City/State and Zip Code

lee.buddy@gmail.com

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

For further information concerning this matter, please call:

Lee Fentress

Name of Contact Person

at **(863) 212-5303**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 26 PM 1:06

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EdisonLab, Inc.

2. The principal office address: 218 E Washingtonia St.

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/3/2016 Document number: P16000039935

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lee Fentress

218 E Washingtonia St.

P.O. Box NOT acceptable

Lake Placid, FL 33852

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lee Fentress

Signature of an officer or director

Lee Fentress CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lee Fentress

Signature of Registered Agent

6/21/2017

Date

If signing on behalf of an entity:

Lee Fentress

Typed or Printed Name

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

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

CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 26 PM 1:05