3/10/2020

Division of Corporations

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(((H20000079740 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email	Address	:	
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REGISTERED AGENT CHANGE ETHRENSA FAMILY TRUST COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help O SIMMONS MAR 1 1 2020

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or in order to change its registered office or reg					
1. The name of the corporation: ETHRENSA FAMILY	TRUST COMPANY				
2. The principal office address: 100! BRICKELL BAY	DRIVE STE 2402				
MIAMI, FL 33131					
3. The mailing address (if different): Marcum I.LP,	One SE Third Avenue, Suite 1100, Miami, FL 33131				
,	202				
4. Date of incorporation/qualification: 12/13/2017	Document number: P17000098515 → R				
5. The name and street address of the current registers Florida Department of State: (If resigned, enter resi	ed agent and registered office on file with the 🔑 💢 🚃				
RHONE FLORIDA INC.					
1001 BRICKELL BAY DRIVE STE 2	AH II: 23				
MIAMI, FL 33131					
6. The name and street address of the new registered : (if changed):	agent (if changed) and /or registered office				
C T Corporation System	C T Corporation System				
c/o C T Corporation System, 1200 South Pine Island Road					
PO Bex NOT acceptable					
Plantation, Florida 33324					
The street address of its registered office and the stras changed will be identical. Such change was authorized by resolution duly adorauthorized by the board, or the corporation has been	red address of the business office of its registered agent,				
Mark Richford and Kimberly Strachan,					
Signature of an officer of director	Printed or typed name and tale				
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s performance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifie	id accept the obligation of my position as registered reflect a change in the registered office address, I				
CT Comporation System By: Nathan Audien	03/10/2020				
Signature of Reduced Agent	Detc				
If signing on behalf of an entity:					
Nathan Giffin - Asst Sec					
Typod 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 (G3/12)