(((H20000252459 3)))

below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (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.**

Email Address:__

REGISTERED AGENT CHANGE **ES DOT INCORPORATED**

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

JUL 3 1 2000

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	unge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida ution organized under the laws of the State of e or registered agent, or both, in the State of	Floreta	-
1. The name of	the corporation: Es Dot Incorpo	prated		
		A SPRINGS BLVD.POMPANO BEACH, FL 3	33069	
3. The mailing a	address (if different): 1401 Cath	nerine StreetDecatur, GA 30030		
4. Date of incor	poration/qualification: 01/18/2	Document number: P18000	006018	
	d street address of the current retrient of State: (If resigned, en	egistered agent and registered office on file water resigned)	vith the	
	SMITH, STEPHEN		2	
	3605 SAHARA SPRING	SS BLVD.	2020 JUL 30 SECRETARY TALLAHA	
	POMPANO BEACH, FL 3306			
6. The name and (if changed):		stered agent (if changed) and /or registered o	AMII: 22	
	Registered Agents Ir	nc.	m N	
	7901 4th St N STE 300		aa.	
	St. Petersburg FL 33	P.O. Box NOT acceptable		
as changed will Such change wa	ess of its registered office and l be identical. as authorized by resolution du	the street address of the business office of i		nt,
Stephe	en Smith	Stephen Smith		_
I further agree performance of agent. Or, if th	to comply with the provisions my duties, and I am familiar iis document is being filed mer	Printed or typed name and if d agent and agree to act in this capacity, of all statutes relative to the proper and conwith and accept the obligation of my position rely to reflect a change in the registered officentified in writing of this change.	mplete m as registered	
Bel Have		7/30/20		
Sig	mature of Registered Agent	Date		,
If signing on be	ehalf of an entity:			
Bill Havre	'yped or Printed Name			
1	yped or ritined staine			

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