

P 18000025399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

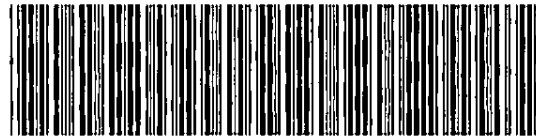
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

OCT 17 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXPORECON, INC
Name of Corporation

DOCUMENT NUMBER: P18000025399

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:

PAUL D. BARKER

Name of Contact Person

EXPORECON INC.

Firm/Company

9570 REGENCY SQUARE BOULEVARD

Address

JACKSONVILLE, FLORIDA 32225

City/State and Zip Code

PAUL1@WELCOMEHOMECARE.COM

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

For further information concerning this matter, please call:

DWIGHT S. CENAC

Name of Contact Person

at (904) 753-3024

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

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: EXPORECON INC.
2. The principal office address: 9570 REGENCY SQUARE BOULEVARD
3. The mailing address (if different): SAME ADDRESS AS LINE# 2, PRINCIPAL OFFICE ADDRESS
4. Date of incorporation/qualification: MARCH 15, 2018 Document number: P18000025399
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--RADWAN M. EKKAWI

660 EAST TROPICAL TRACE

ST. JOHNS, FLORIDA 32259

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

PAUL D. BARKER

9570 REGENCY SQUARE BOULEVARD

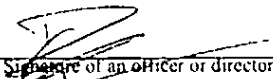
P.O. Box NOT acceptable

JACKSONVILLE, FLORIDA 32225

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TALLAHASSEE, FL

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.

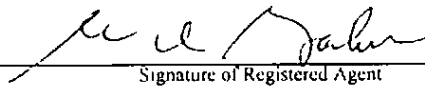


Signature of an officer or director

DWIGHT S. CENAC, PRESIDENT

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.



Signature of Registered Agent

OCTOBER 4, 2018

Date

If signing on behalf of an entity:

DWIGHT S. CENAC

Typed or Printed Name

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