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Account Name

: SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

Phone

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Fax Number

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Email Address: sgrieco@shumaker.com

## REGISTERED AGENT CHANGE ECOVER GLOBAL INC.

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· ....

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
The name of to     The principal	office address: ECOVER GLOBAL, INC.  1115 E. Twiggs Street, Suite #1116
Tampa, Florida	33602
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 05/20/2019 Document number: P19000043992
5. The name and	street address of the current registered agent and registered office on file with the structurent of State: (If resigned, enter resigned)
	United States Corporation Agents, Inc.
	5575 S. Semoran Blvd., Suite 36
	Orlando, FL 32822
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Ronald A. Christaldi, Esq., c/o Shumaker, Loop & Kendrick, LLP
	101 E. Kennedy Boulevard, Suite 2800
	P.O. Box NOT acceptable Tampa, Florida 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, i be identical.  Vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Adu	the board, or the corporation has been notified in writing of the change.  Regularly Seven  And the order of decides and belief the profiled or typed name and bills.
/ //	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this ing filled merely to reflect a change in the registered office address. I hereby confirm that the speem notified in writing of this change.
If signing on be	ehalf of an entity:
-	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
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