

P19000 048 729

(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



600332835776

08/12/19--01020--016 \*\*35.00

AUG 15 2019  
S. YOUNG

FILED  
19 AUG 12 AM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Eberhart & Associates INC.  
Name of Corporation

DOCUMENT NUMBER: P19000048729

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:

Krystina Eberhart

Name of Contact Person

Eberhart & Associates INC

Firm/Company

11097 Parkside Preserve Way

Address

Jacksonville, FL 32257

City/State and Zip Code

Krystina.eberhart@gmail.com

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

For further information concerning this matter, please call:

Krystina Eberhart

Name of Contact Person

at ( 810 ) 923-4986

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: Eberhart & Associates INC
2. The principal office address: 11097 Parkside Preserve Way  
Jacksonville, FL 32257
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 6th, 2019 Document number: P19000048729

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)

Alan Eberhart RESIGNED

11097 Parkside Preserve Way

Jacksonville, FL 32257

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

Krystina Eberhart

11097 Parkside Preserve Way

P.O. Box NOT acceptable

Jacksonville, FL 32257

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

Krystina Eberhart 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

8/8/2019

Date

If signing on behalf 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

CR2E045 (03/12)

FILED  
19 AUG 12 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA