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4/17/2018

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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future S TALLENT annual report mailings. Enter only one email address please. ** APR 2 5 2018

Email Address:__

REGISTERED AGENT CHANGE E & D SPECIALTY STANDS, INC.

	
Certificate of Status	0
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TO: Amendment Section Division of Corporations

SUBJECT: E&D SPECIALTY STANDS, INC.	
Name of Corporation	_
DOCUMENT NUMBER: P30938	

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:

Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd, Ste 300 Address Austin, TX 78744 City/State and Zip Code notices@rasi.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo Name of Contact Person

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 <u>NEW YORK</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: E&D SPECIALTY STANDS, INC.
2. The principal office address: 2081 FRANKLIN STREET
NORTH COLLINS NE 14111
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/12/1990 Document number: P30938
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)
C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box. NOT acceptable
Tallahassee, FL 32301
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.
/s/ David Metzger President
Signature of an officer or director 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. O4/17/2018
Signature of Registered Agent Date
If signing on behalf of an entity:
Justine Karnell - Assistant Secretary Typed or Printed Name

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