P30938

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Codification of Challen			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



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03/15/21--01005--006 **35.00

2021 MAR 18 AH 10: 58 SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: March 10, 2021

Order#: 699291-006

Re: E & D SPECIALTY STANDS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX _ Check in the amount of \$35 _.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of chan	ge is submitted for a corporation org to change its registered office or reg	502, 607.1508, or 617.1508. Florida Statutes, this ranized under the laws of the State of NY istered agent, or both, in the State of Florida.	
I The name of th	e corporation: E & D SPECIALTY ST	ANDS, INC.	
2. The principal o	ffice address: 2081 FRANKLIN STR	EET, NORTH COLLINS, NE 14111	
3. The mailing ad	dress (if different):		
4. Date of incorporation/qualification: 09/12/1990 Document number: P30938			
5. The name and	street address of the current registere ment of State: (If resigned, enter resigned,	d agent and registered office on file with the	
	REGISTERED AGENT SOLUTIONS, INC.		
·	155 OFFICE PLAZA DR., SUITE A		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Corporation Service Company		
		SEC HAR Box NOT acceptable	
	1201 Hays Street	Box NOT acceptable	
	Tailahassee	FL 32301	
The street addre as changed will Such change wa	ss of its registered office and the str be identical.	pted by its board of directors or by an officer-so	
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. David Metzger, President			
Signatur	al an officer or director	Printed or typed name and title	
	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha n Service Company	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address. I hereby confirm that the nge.	
•	•	03/10/2021	
By: Who	mature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Т	yped or Printed Name * * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
3)