

4/8/2019  
P94000089005  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000115825 3)))



H190001158253ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

FILED  
2019 APR -8 AM 9:58

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2019 APR -8 AM 8:12

SECRET  
TALLAHASSEE

**REGISTERED AGENT CHANGE  
EUROVISTA ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA/RO/chg

APR 09 2019  
I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EUROVISTA ENTERPRISES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P94000089005

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:

Jerome Sullivan

Name of Contact Person

Firm/Company

784 S. Clearwater Loop

Address

Post Falls, ID 83854

City/State and Zip Code

filings@registeredagentsinc.com

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

For further information concerning this matter, please call:

Jerome

Name of Contact Person

at ( 307 ) 200-2803

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: EUROVISTA ENTERPRISES, INC.  
2. The principal office address: 318 S. POWERLINE ROAD  
DEERFIELD BEACH, FL 33442  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/28/1995 Document number: P94000089005

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)

KENNETH SUHANDRON JR.

318 S. POWERLINE ROAD

DEERFIELD BEACH, FL 33442

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

REGISTERED AGENTS INC.

7901 4TH ST N, STE 300

P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

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.

Daniel Bristow

Signature of an officer or director

DANIEL BRISTOW / DIRECTOR

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.*

Bill Havre

Signature of Registered Agent

04/08/2019

Date

If signing on behalf of an entity:

BILL HAVRE / SECRETARY

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  
2019 APR -8 AM 9:58  
SCL