

P96000096880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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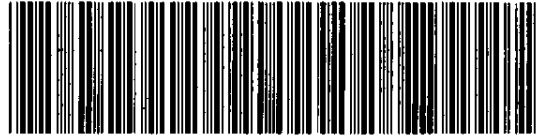
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1/25/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Earning Capacity Assessments, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000096880

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:

Sherman M. Brod, Attorney  
Name of Contact Person

Law Office of Sherman Brod  
Firm/Company

P.O. Box 18877  
Address

Tampa, FL 33679-8877  
City/State and Zip Code

brod@usa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherman M. Brod, Attorney at ( 813 ) 295-8080  
Name of Contact Person 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: Earning Capacity Assessments, Inc.
2. The principal office address: 2719 Buckhorn Oaks Dr.  
Valrico, FL 33594
3. The mailing address (if different): P.O. Box 893  
Valrico, FL 33595-0893

4. Date of incorporation/qualification: 11/22/1996 Document number: P96000096880

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)

Sherman M. Brod, Attorney  
3314 Henderson Blvd., Suite 100  
Tampa, FL 33609

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TALLAHASSEE, FLORIDA

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

Sherman M. Brod, Attorney  
213 E. Davis Blvd.  
P.O. Box NOT acceptable  
Tampa, FL 33606

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.

x Steven M. Collard  
Signature of an officer or director

Steven M. Collard, 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.*

Sherman M. Brod  
Signature of Registered Agent

1/22/2010  
Date

If signing on behalf of an entity:

Sherman M. Brod  
Typed or Printed Name

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