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075410001562

CONTACT: DEBBIE LAMB AM, Eckard

PHONE: (813)228-7411

FAX #:

(813)228-9401

NAME: EBBERT CAPITAL MANAGEMENT CORPORATION

AUDIT NUMBER...... H97000006273

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

Pursuant to the provisions of Section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

۱.	The name of the corporation	on isEBBERT_CAI	PITAL MANAGEMENT C	ORPORATION	
a.	Date of incorporation	04/11/1997	Document Number	P97000033053	
2.	The name and address of the current registered agent and office:				
	Olga M. Pina:	501 E. Kennedy Bot	lleverd, Suite 1700		
		Tempa, Florida 336	02	97 SECT	
3.	The name and address of t	he new registered egent (P.O. BOX NOT ACCEP		FILI APR 17 RETARY AHASSE	
	Eric R. Ebbert:	4944-A San Rafael			
		Tampa, Florida 336	29	<u> </u>	
Such (	as changed, will be identical change was authorized by relized by the board.	esolution duly adopted b	•		
	•	Sign	etureEfic R. Ebbert, P	resident	
		Date	4/12/22		
ABOV ACCE FURTI AND	NG BEEN NAMED AS REGIS TE STATED CORPORATION PT THE APPOINTMENT AS HER AGREE TO COMPLY WIT COMPLETE PERFORMANCE TATION OF MY POSITION A	AT THE PLACE DESIGNATED AGENT AND THE PROVISIONS OF A POPER AND THE PROVISIONS OF A POPER AND THE PROVISIONS OF THE PLACE DESIGNATIONS OF THE PLACE DESIGNATIONS OF THE PROVISIONS OF THE PROVIS	NATED IN THIS CERTIF ND AGREE TO ACT IN T ALL STATUTES RELATIV I AM FAMILIAR WITH A	FICATE, I HEREBY THIS CAPACITY. I VE TO THE PROPER	
		Eikó Datí	R. Ebbert, Registered A	gent	

Prepared by: Olga M. Pins, Esq. P.O. Box 1438 Tamps, Florida 33601 (813) 228-7411 Florida Bar #: 0986290

Fax Audit Number: H97000008273