

P98000006290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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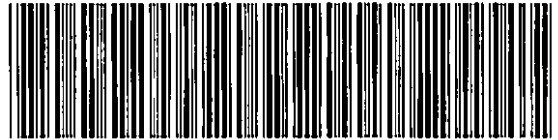
(Business Entity Name)

(Document Number)

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SECOND DISTRICT
TALLAHASSEE, FLORIDA

SEP 04 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Executive Details Plus, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P98000006290**

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:

Scott A. Blaue

Name of Contact Person

Eisenmenger, Robinson, Blaue & Peters, P.A.

Firm/Company

5450 Village Drive

Address

Viera, FL 32955

City/State and Zip Code

scottblaue@ebplaw.com

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

For further information concerning this matter, please call:

Scott A. Blaue

Name of Contact Person

321 504-0321

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: Executive Details Plus, Inc.
2. The principal office address: 429 Seabreeze Blvd., Fort Lauderdale, FL 33316
3. The mailing address (if different): same
4. Date of incorporation/qualification: 1/20/1998 Document number: P98000006290
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)

Resigned

MAQUAGGE, MARK N ESQ
640 BREVARD AVENUE, SUITE 106

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

Scott A. Blaue, P.A.

5450 Village Drive

P.O. Box NOT acceptable

Viera, FL 32955

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.

Chris Kelley
Signature of an officer or director

Chris Kelley, 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.

Scott A. Blaue
Signature of Registered Agent

8/24/18
Date

If signing on behalf of an entity:

Scott A. Blaue

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)

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18 AUG 30 AM 9:08
TALLAHASSEE, FLORIDA