ivision of Corporations onic Filing Cover Sheet

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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

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

Email Address:_

REGISTERED AGENT CHANGE EARTHWORKS GEOTECHNICAL, INC.

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Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida m organized under the laws of the State of or registered agent, or both, in the State of		
1. The name of	the corporation: Earthworks Geot	echnical Inc		
		LLE ROAD TALLAHASSEE, FL 32308		
3. The mailing	address (if different): 2467 CENTE	ERVILLE ROAD TALLAHASSEE, FL 32308		
4. Date of inco	rporation/qualification: 07/14/199	Document number: V50385		
	nd street address of the current regi- artment of State: (If resigned, enter	istered agent and registered office on file w r resigned)	vith the	
	EAGLIN, JOHN		2	
	2467 CENTERVILLE ROA	ND.	DZB H	
	TALLAHASSEE, FL 32308		2028 HAY -7 SECRETARY TALLAHASS	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		7:		
	Registered Agents Inc		20 Ris.	
	7901 4th St N STE 300		_	
	P.O. Box NOT acceptable St. Petersburg FL 33702			
The street addras changed wil		e street address of the business office of i	ts registered agent,	
		adopted by its board of directors or by an been notified in writing of the change.	officer so	
JOHN E	JJM ture of an officer or director	JOHN EAGLIN Printed or typed name and ti	ıle	
I furthér agrée performance o agent. Or, if ti	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and con th and accept the obligation of my positio y to reflect a change in the registered offic otified in writing of this change.	n as registered	
Bee Have		05/07/2020	05/07/2020	
Si	gnature of Registered Agent	Date		
	ehalf of an entity:			
Bill Havre	Transfer Drived Mana	_		
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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