3/22/2024 07:46 1 PDT



## Division of Corporations **Electronic 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

: (813)436-5206 Fax Number

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

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## REGISTERED AGENT CHANGE ELEANOR C. SCHNEIDER CO.

Certificate of Status	0
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## 3/22/2024 07:46:01 PDT\* -

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

statement of change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of
in order to change its registered office or	r registered agent, or both, in the State of Florida.
1. The name of the corporation: Eleanor C. Schnei	der Co.
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/12/10	Document number: F10000001890
<ol><li>The name and street address of the current regis Florida Department of State: (If resigned, enter</li></ol>	
Sunshine Corporate Filings LLC	<b>2024</b>
7901 4th St N STE 300	TAR HAR
St. Petersburg, FL 33702	22   757 (
6. The name and street address of the new register (if changed):	2024 HAR 22 PH II: 19 SECRETARY OF STATE  red agent (if changed) and /or registered office
Registered Agents Inc	
7901 4th St N STE 300	
St. Petersburg FL 33702	P.O. Box NOT acceptable
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agen
Such change was authorized by resolution duly a authorized by the board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
Rubin William of a Konicer of director	Robin Jones
	gent and agree to act in this capacity. all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if th se in the registered office address. I hereby confirm that th
David Schools	3/22/2024
Signature of Registered Agent	Date
If signing on behalf of an entity:	
David Roberts	
Typed or Printed Name	-

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