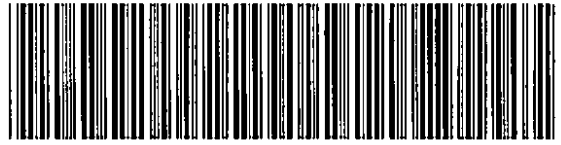


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eassist, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F16000000725

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:

Devanee Maass  
Name of Contact Person

eAssist, Inc  
Firm/Company

240 N. East Promotory Suite 200  
Address

Farmington, UT 84025  
City/State and Zip Code

taxes@eassist.me ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devanee Maass at ( 844 ) 327-7478  
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 WY in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Eassist, Inc.
2. The principal office address: 1712 Pioneer Ave Suite 1348 Cheyenne, WY 82001
3. The mailing address (if different):

4. Date of incorporation/qualification: 12/14/2011 Document number: F16000000725

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)

Northwest Registered Agent LLC
3030 N. Rocky Point Drive Suite 150A
Tampa, FL 33607

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

Katrina Winch
3625 Crazy Horse Trail
Saint Augustine, FL 32086

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18 AUG 20 PM 4: 29

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.

Sandy Odle-Gutierrez
Signature of an officer or director

Sandy Odle-Gutierrez
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.

Katrina Winch
Signature of Registered Agent

08/08/2018
Date

If signing on behalf of an entity:
Typed or Printed Name

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