## 1436605

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 203627 4313323

COST LIMIT : \$ 35.00 V

ORDER DATE: November 5, 2021

ORDER TIME : 5:06 PM

ORDER NO. : 203627-005

CUSTOMER NO: 4313323

\_\_\_\_\_

## CHANGE OF AGENT

NAME: EDWARD FLEUR FINANCIAL

EDUCATION CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations EDWARD FLEUR FINANCIAL EDUCATION CORP. SUBJECT: Name of Corporation DOCUMENT NUMBER: K36605 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: Charles M. LeSchack Name of Contact Person CUMMINGS & LOCKWOOD LLC Firm/Company Six Landmark Square, 9th Floor Address Stamford, CT 06901 City/State and Zip Code cleschack@cl-law.com

For further information concerning this matter, please call:

Charles M. LeSchack at ( 203 ) 351 - 4418

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

2. The principal office address:  3390 SOUTH OCEAN BLVD.  3. The mailing address (if different):  4. Date of incorporation/qualification:  10/05/1988  Document number:  K36605  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)  EDWARD FLEUR  3390 SOUTH OCEAN BLVD.  PALM BEACH  FL 33480  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company  1201 Hays Street  P.O. Bex NOT acceptable  Tallahassee  FL 32301  The street address of its registered office and the street address of the business office of its regist as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, of the corporation has been notified in writing of the change.		he corporation:	EDWARD FLEUR FIR	NANCIAL EDUCA	ATION CORP.	
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Signature of an officer or director Printed or typed name and title	Such change was authorized by the	s authorized by r e board, or the co	esolution duly adopted orporation has been not	by its board of di ifted in writing of	rectors or by an o the change.	fficer, so H
······	kel 1			EDWA	RD R. FLEUR	President
l hereby accept the appointment as registered agent and agree to act in this capacity. Jurther agree to comply with the provisions of all statutes relative to the proper and complete pof my duties, and I am familiar with and accept the obligation of my position as registered agent focument is being filed merely to reflect a change in the registered office address. Thereby conf	•					
corporation has been notified in writing of this change.  Corporation Service Company	hereby accept to further agree to further agree to fundations, and locument is being the further than the fundation and further than the furth	the appointment to comply with the last last last last last last last last	as registered agent and e provisions of all statu in the oblique of the oblique of the oblique of the change in the status of this change.	' agree to act in the tes relative to the zation of my posite registered office	nis capacity, proper and comp ion as registered address, I hereby	lete performance agent. Or if this confirm that the
3v. Eylen Orm: 11/05/2021	. <i>orporation nas</i> Corporation	3v. Eyler Oshor:		11/05/26	021	
Signature of Registered Agent Date	Corporation	Ormac:				

\* \* \* 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 (04/13)