## P940000 26802

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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(Bu	isiness Entity Nan	ne)		
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JQ 10/04/20

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Eagle Business Forms, Inc.			
Name of Corporation			
DOCUMENT NUMBER: P94000026802			
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Pamela R Steinberg			
Name of Contact Person	<del></del>		
Eagle Business Forms, Inc.			
Firm/Company			
P. O. Box 2983			
Address	<del></del>		
Lakeland, FL 33806			
City/State and Zip Code	<del></del>		
rs195844@gmail.com			
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter.	please call:		
Pamela R Steinberg	at ( 863 ) 686-2373  Area Code & Daytime Telephone Number		
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	Street Address:		
	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
rananassee, i is session	Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 inge is submitted for a corporation organized under the laws of or to change its registered office or registered agent, or both, in	the State of _	Florida	is	
1. The name of t	the corporation: Eagle Business Forms, Inc.				
2. The principal	office address: 3903 Industry Boulevard, Building 2 - Unit 8				-
	Lakeland, FL 33811				_
3. The mailing a	address (if different): P. O. Box 2983, Lakeland, FL 33806				_
	poration/qualification: 04/06/1994 Document numb	per: <u>P94000026</u>	3802		_
	d street address of the current registered agent and registered off timent of State: (If resigned, enter resigned)	ice on file with	n the		
	John R Steinberg				
	2128 E Edgewood Drive, STE 305		48	2	
	Lakeland, FL 33803			020 AI	*
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi		ETARY OF S LAHASSEE,	2020 AUG 25 AM 10: 34	
	3903 Industry Boulevard, Building 2 - Unit 8		FE	<u>ယ</u>	
	P.O. Box NOT acceptable Lakeland, FL 33811		ניו	+-	
The street addreg as changed will	ess of its registered office and the street address of the busines be identical.	ss office of its	registere	d agent	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of direct be board, or the corporation has been notified in writing of the		fficer so		
Signatus	Pamela R Steinberg.  Printed or to	yped name and title			
l further agree to of my duties, and document is beir	the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the prod I am familiar with and accept the obligation of my position ng filed merely to reflect a change in the registered office addition notified in writing of this change.	per and comp as revistered	avent. O	r. if thi	S
	August 21, 2020				
Sign	nature of Registered Agent	Date			
If signing on beh	half of an entity:				
Ту	ped or Printed Name				

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