

L06000084098

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

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

Email Address: jmartinez@shuffieldlowman.com

LLC REGISTERED AGENT CHANGE
ETC VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 NOV 25 AM 10:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000273807 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETC Ventures, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet E. Martinez, Esq.

Name of Person

Shuffield, Lowman & Wilson, P.A.

Firm/Company

203 E. Rich Avenue

Address

Deland, Florida 32724

City/State and Zip Code

jmartinez@shuffieldlowman.com

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

For further information concerning this matter, please call:

Janet E. Martinez, Esq.

at 386

738-9225

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DNHS18 (2/14)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ETC Ventures, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
203 E. Rich Avenue
DeLand, Florida 32724
08/25/2008
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
203 E. Rich Avenue
DeLand, Florida 32724
L06000084088
3. Date of filing/registration in Florida
4. Document number
5. (a) Janet E. Martinez, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
203 E. Rich Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
DeLand, FL 32724
- (b) Janet E. Martinez, Esq.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Shuffield, Lowman & Wilson, P.A.
NEW Registered Office Address:
203 E. Rich Avenue
DeLand, FL 32724

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Croley W. Graham, Jr.

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INH918 (2/14)

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TALLAHASSEE, FLORIDA
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