## L18 000164352

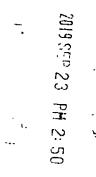
uestor's Name)				
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/State/Zip/Phone	e #)			
WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	ress)  /State/Zip/Phone  WAIT  iness Entity Nar  ument Number)			

Office Use Only



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1997年19月1日1日日 日本 (東京)



•	COVER LETTER 7			
то:	Registration Section Division of Corporations			
¢11B	E.C CONSULTING USA LL	С		
SUB.		ne of Limited I	Liability Company	
Dear	Sir or Madam:			
The c	enclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning th	is matter to the	e following:	
EVY	'ATAR COHEN			
	Name of Person		<del></del>	
E.C	CONSULTING USA LLC			
	Firm/Company			
162	0 SW 6TH AVE			
	Address			
PON	MPANO BEACH, FL 33060			
	City/State and Zip Code			
EVI	ACOHEN2@GMAIL.COM			
	E-mail address: (to be used for future and	nual report not	ification)	
For t	further information concerning this matter	, please call:		
EVY	ATAR COHEN	619	887-9727	
	Name of Person		Area Code & Daytime Telephone Num	
	STREET/COURIER ADDRESS:	A	IAILING ADDRESS:	
	Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		legistration Section	
			Division of Corporations	
The state of the s		O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	T	allahassee, Florida 32314	
	Enclosed is a check for the following	σ amount:		
	\$25 Filing Fee	-	\$55 Filing Fee & Certified Copy	
	45	、		

## 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. N	lame of the limited liability company: E.C CONS	ULTING USA	LLC
2. (a)	1620 SW 6TH AVE	(b) 16	620 SW 6TH AVE
2. (4)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of fimited fiability company: (Note: MAY BE POST OFFICE BOX)
	POMPANO BEACH, FL 33060	<u>PC</u>	DMPANO BEACH, FL 33060
	JULY 06, 2018	L18	3000164352
3. 5. (a	Date of filing/registration in Florida  EVYATAR COHEN	4.	Document number
. (	Registered Agent and Registered Office shown on the records 4742 SW 39TH WAY	s of the Florida Dep	i, of State:
	Registered Office Address (MUST BE FLORIDA STREET FORT LAUDERDALE, FL 33312	ET ADDRESS)	Z019 SEE
		FL	6.3
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		PH 2:5
	1620 SW 6TH AVE		0
	NEW Registered Office Address:		
	POMPANO BEACH	FL 33060	
the ch agent was/w	limited liability company is not organized under the sange or changes are made, the Florida street address will be identical. Or, in the ease of a Florida limited are authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	s of the registere d liability compa rs of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		E	VYTAR COHEN
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the of to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comploligations of my position as registered agent as provedly reflect a change in the registered office addressed in writing of this change.	agree to act in t ete performance ided for in Chap , I hereby confi	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed on that the limited liability company has been

Signature of Registered Agent