

N95000000963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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000284689160

STATE OF KANSAS  
RECEIVED  
JUN 8 2016

16 JUN - 8 PM 1:55

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JUN - 8 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2016

E-COMB, INC.  
111 NE 1ST STREET  
8TH FLOOR - SUITE 804  
MIAMI, FL 33132

SUBJECT: E-COMB, INC.  
Ref. Number: N95000000963

In a recent audit of our records, we have determined that the above named entity has designated itself as Registered Agent.

The purpose of this letter is to advise you a business entity may not serve as its own Registered Agent. We are asking you to designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please complete the enclosed Statement of Registered Office or Registered Agent form for filing at no charge. Return the completed form to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by July 11, 2016.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather  
Regulatory Specialist III

Letter Number: 616A00009912

COVER LETTER

RECEIVED  
16 JUN -3 PM 3:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TO: Amendment Section  
Division of Corporations

SUBJECT: ECOMB, Inc.  
Name of Corporation

DOCUMENT NUMBER: N95000000963

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:

Brian Scheinblum  
Name of Contact Person

mindwarehouse  
Firm/Company

111 NE 1st Street, 8th Floor  
Address

Miami, FL 33132  
City/State and Zip Code

ecomb@ecomb.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle D. Naples at (305) 534-3825  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ECOMB, Inc.
2. The principal office address: 111 NE 1st Street, 8th FL - Suite 804  
Miami, FL 33132
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/27/95 Document number: N9500000963
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)  
ECOMB, Inc.  
111 NE 1st Street, 8th Floor Suite 804  
Miami, FL 33132
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Brian Scheinblum  
111 NE 1st Street, 8th Floor  
Miami, FL 33132  
P.O. Box NOT acceptable

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ARTICLE

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.

X [Signature]  
Signature of an officer or director

President, Brian Scheinblum  
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.

X [Signature]  
Signature of Registered Agent

5/25/16  
Date

If signing on behalf of an entity:

ECOMB, Inc.  
Typed or Printed Name

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