266309

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
· — place up	—	—
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filina Officer:	
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C. GOLDEN MAY 1 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ECP2, Inc.			
Name of Corporation			
DOCUMENT NUMBER: 266309			
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:			
George E. Ridge, Esq.			
Name of Contact Person			
Cooper Ridge, P.A.			
Firm/Company			
4866 River Basin Drive North			
Address			
Jacksonville, Florida 32207			
City/State and Zip Code			
gridge@attorneyjax.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
George E. Ridge, Esq904353-6555			
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ECP2, Inc.
2. The principal office address: 4200 54th Avenue South, St. Petersburg, FL 33711
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/18/1963 Document number: 266309
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)
George E. Ridge, ♥ 👼 🕿
Cooper Ridge, P.A.
140 East Bay Street, Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
George E. Ridge, Esq.
Cooper Ridge, P.A.
P.O. Box NOT acceptable 4866 River Basin Drive N, Jacksonville, FL 32207
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.
Signature of an officer or director 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.
Alogo Thiologo MAY LOOP Date
If signing on behalf of an entity:
George E. Ridge, Esq. Typed or Printed Name

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