

B1500000252

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 : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: _____

REGISTERED AGENT CHANGE

ECA BULIGO PROVIDENCE PARTNERS, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2022 NOV 17 PM 4:33

2022 NOV 17 PM 2:55

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ECA BULIGO PROVIDENCE PARTNERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/21/2015 3. BI5000000252
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHRIS WILD

Name

13041 WEST LINEBAUGH AVENUE

Address

TAMPA, FL 33626

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/ Elliot Sasson

Signature of General Partner - ECA Providence Plaza, Corp. by Elliot Sasson, Officer

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.

by: /s/ Tina Lipko, VP

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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