

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**B1800000238**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 SUNTRUST PARTNERS, LP**

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

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K. Brumley

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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 SUNTRUST PARTNERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/28/2018 3. B18000000238
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:

CHRISTOPHER WILD

Name

13041 W. LINEBAUGH AVE.

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 Dove Suntrust, 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.
NRAI Services, Inc.

by: /s/ Tina Lipko, VP

Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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TALLAHASSEE, FL 32399