

097000000037
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000040966 3)))



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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

SECRETARY OF STATE
FALL ADMINISTRATOR FLORIDA

20 FEB -5 PM 11

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****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
ECKTRUST-FLORIDA**

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

2020 FEB -5 PM 2:56

REFUSED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECKTRUST-FLORIDA
Name of Corporation

DOCUMENT NUMBER: D97000000037

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:

Margot Mullin
Name of Contact Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd., Suite 300
Address

Austin, TX 78744
City/State and Zip Code

orders@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin at 888 705-7274
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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR DECLARATION OF TRUSTS

Pursuant to the provisions of Section 609 ^{Declaration of TRUST} Florida Statutes, this statement of change is submitted for a ~~corporation~~ organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the Declaration of Trust: ECKTRUST-FLORIDA
- 2. The principal office address: C/O KFO, INC. 11990 SAN VINCENTE BLVD., SUITE 200
LOS ANGELES, CA 90049
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/19/1997 Document number: D97000000037

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

151 Stephanie S. Cohen
Signature of an officer or director

Stephanie S. Cohen CFO
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.

Mackenzie Hart
Signature of Registered Agent

02/05/2020
Date

If signing on behalf of an entity:

Mackenzie Hart - Assistant Secretary

Typed or Printed Name

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