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Ťo:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:	٠
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REGISTERED AGENT CHANGE ECAPITAL COMMERCIAL FINANCE (STAFF) CORP.

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ERY 1 - 2021

To: 18506176380

By:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of North Carolina registered agent, or both, in the State of Florida.	
1.50%	ECAPITAL COM	MERCIAL FINANCE (STAFF) CORP	
2. The principal	office address: 200 SE 9T STREET	FORT LAUDERDALE, FL 33316	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/07/2016	Document number: F16000000097	
	d street address of the current registrament of State: (If resigned, enter t	tered agent and registered office on file with the resigned)	
	JENNA KATZ		
20807 BISCAYNE BLVD #203			
	AVENTURA, FL 33 (80	<u>-</u>	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office?	
	CT Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
		street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
1	nise Bell	Denise Bell - Atty in Pact	
Thereby accept I further agree of my duties, an document is bei corporation has	te of an officer of director the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	Printed or typed name and title tent and agree to act in this capacity. Ill statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this te in the registered office address, I hereby confirm that the thange.	
CT Corporation	System (hucum	5/14/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Chloe Alpert - A	sst Secy.		
т) ped or Printed Name		

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