

LD2000013999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

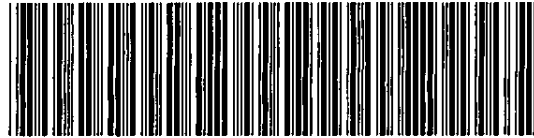
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900204384889

08/03/11--01007--008 **25.00

2011 AUG -4 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER

AUG 4 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECI Holdings, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Levine
Name of Person

ECI Holdings, LLC
Firm/Company

6111 Broken Sound Pkwy NW, Suite 207
Address

Boca Raton, FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Steven Levine at (561) 392-5001
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2011 AUG -4 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ECI Holdings, LLC
2. (a) Principal office address of limited liability company: 6111 Broken Sound Pkwy NW, #20

(Note: MUST BE STREET ADDRESS)

Boca Raton, FL 33487

- (b) Mailing address of limited liability company:

Exam Coordinators Network

(Note: MAY BE POST OFFICE BOX)

6111 Broken Sound Pkwy NW, #207
Boca Raton, FL 33487

- JUNE 6, 2002
3. Date of filing/registration in Florida

L02000013999

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Steven Levine

Registered Office Address:

123 NW 13th Street
Suite 207
Boca Raton, FL 33432

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Steven Levine

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6111 Broken Sound Pkwy NW
Suite 207
Boca Raton, FL 33487

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Steven Levine
Signature of a member or authorized representative of a member

Steven Levine

Printed or typed name of signee

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Steven Levine
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00