

## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H03000206639 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875

Fax Number : (302)575-0925

u/3/03

fax- Need to have

REGISTERED AGENT CHANGE

ESSENTIAL EBUSINESS SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RI 18 BL 9 Jun 20

J. N.

14

## 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. The name of the limited liability company is:	Essential eBusiness Systems, LLC
2. The mailing address of the limited liability cor	mpanyis: 4044 Lake Mary Blvd. #104-206
	Lake Mary, FL 32746
June 2, 2003	L03000019788
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the
Sheryl Zwick	,
<del></del>	Name
<u>4044 Lake Ma</u>	ry Blvd. #104-206 Address
Lake Mary, F	L 327.46
City, S	State and Zip S
6. The name and address of the new registered ag	ent and/or office:
N	ent and/or office:  rporations, Inc.  Vame  4th Avenue North
	(P.O. Box NOT acceptable)
Naples	FL 34102 RET - 8
City, St	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the	ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of s otherwise provided in the articles of organization or impany.
Sheryl Zwick	
(Printed or typed name of signee)	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being find address, thereby confirm that the limited liability (Signature of Registered Agent)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00