10500000319

(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:							
Special instituctions to Fitting Officer.							

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COVER LETTER

	Registration Section Division of Corporations						
	FDC Franchica 11.0						
SUBJECT: ERC Franchise, LLC (Name of Limited Liability Company)							
	(Name of	Emmed Diability Company)					
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.					
Dleace r	eturn all correspondence concerning	ng this matter to the following:					
I toase to	cturn an correspondence concerning	ig this matter to are following.					
Victor I	Ronder						
	(Name of Person)						
ERC F	ranchise, LLC						
	(Firm/Company)						
07000 I	Official District Code 400						
2/902	Meadow Drive, Suite 130 (Address)						
	(Augress)	• •					
Everare	en, CO 80439						
Lveigie	(City/State and Zip Code)						
For furtl	ner information concerning this ma	atter please call.					
1 01 1414	ier mormation concerning and ma	mor, prouse carr.					
Victor F	Ronder	at (303) 674-2511					
7,500	(Name of Person)	(Area Code & Daytime Telephone Numb					
	,	` '					
c	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
		J					
Enclosed is a check for the following amount:							
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Cop							

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 lim	ited liability company	is: ERC Franch	ise, LLC		
2. The mailing address	of the limited liability	y company is :	27902 Meadow Drive,	, Suite 130	
Evergreen, CO 80439					
1/3/05			L05000000319		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regi Florida Department		egistered office	address as shown or	a the records of the	
	Victor 3 Ronder	Name	· · · · · · · · · · · · · · · · · · ·		
	6920 Annapolis C		-	07	
Parkland, FL 33067					
	Ci	ity, State and Z	ip	57 <u>1 </u>	
6. The name and address	•	d agent and/or	office:	FILED 07 OCT -4 PM 12: 46 SEVENTALLAHASSLE, FLORIDA	
	Victor J Ronder			CE 55	
	4613 N. University	Name Drive, #292		RIDA RIDA	
	Florida street add	ress (P.O. Box	NOT acceptable)		
	Coral Springs	<u>FL</u> 3306			
	City	y, State and Zip	ŀ		
If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreem (Signature of a member or aut	change or changes an of the registered agent hereby confirmed that limited liability comparent of the limited liab	e made, the Flo t will be identic the change(s) v any or as otherv ility company.	rida street address of al. Or, in the case of was/were authorized	f the registered office f a Florida limited	
Victor J Ronder					
(Printed or typed name of sign	•				
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or address, I hereby confi (Signature of Registered Agen	~/\u	d agent and ag tive to the prop ions of my posi ng filed to mere nility company i	ree to act in this capt er and complete per tion as registered ag ly reflect a change it has been notified in v	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00