L05000 77833

(Requestor's Name)				
(Address)				
(A	(ddress)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
	Document Number)			
,	·			
Certified Copies	Certificates of Status			
Special Instructions to Fi	ling Officer:			
openal instructions to 1				
	J. HORNE			
	APR - 5 2024			

Office Use Only



800427089278

24 6/3 - 4/6/11 9: 37





115 N CALHOUN ST., STE. 4 TALLAHASSEEPFL 32301 P: 866.625.0838 F: 866.625.0839 C COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/04/2024	
Name:	Patrice Rush	
Reference a	#: 2325749	
	e:	ECAMBIA, LLC
☐ Artic	les of Incorporation/Auth	orization to Transact Business
☐ Ame	ndment	
	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	er	
Authorized .	Amount: \$25.	00
Signature:	(Pall	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	<u>U4/U4/2U24</u>	
Name:	Patrice Rush	
Reference #:	2325749	
	E	CAMBIA, LLC
Article	s of Incorporation/Authorizat	ion to Transact Business
☐ Amen	dment	
Change	ge of Agent	
☐ Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	

COVER LETTER

,

то:	Registration Section Division of Corporations				
SUBJI	ECT:	ESC	CAMBIA	, LLC	
*		e of Lii	nited Li	ability (Company
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Cha	nge and	fee(s) a	re submitted for filing.
Please	return all correspondence concerning thi	s matte	r to the	followi	ng:
	Sam Sari Name of Person			_	
	name of Person				
	Landmark Asset Services, Inc.				
	Firm/Company				
	401 E 4TH STREET STE 203				
	Address				
	Winston-Salem, NC 27101				
	City/State and Zip Code				
	devadmin@landmarkdevco.cor	n			
E	-mail address: (to be used for future annu	ual repo	ort notifi	cation)	
For fur	ther information concerning this matter,	please	call:		
	Sam Sari	at (336)	714-8910
	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	amoun	t:		
	□ \$25 Filing Fee		□ \$5	5 Filing	g Fee & Certified Copy
INHS18	3 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	ame of the limited liability company:		ESCAMBIA, LLC
2. (a)	ONE WEST LLOYD STREET	_ (b) _	401 E 4TH STREET
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_	STE 203
	PENSACOLA, FL 32501		WINSTON-SALEM, NC 27101
	08/08/2005		L05000077823
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	B&C CORPORATE SERVICES OF CENTRAL	L FLORIDA	\
(b)	Registered Agent and Registered Office shown on the records of the 390 NORTH ORANGE AVENUE Registered Office Address (MUST BE FLORIDA STREET A SUITE 1400 ORLANDO , FL Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered (MEW Registered Address) 115 North Calhoun Street, Suite 4	3280	24/3
	Tallahassee , FL	3230	01
he cha ngent v was/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of diganization or the operating agreement of the latter of a member or authorized representative of a member	s of the Sta the register bility comp	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	•		<i>,</i> ,,
provisi he obl o merc notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had if in writing of this change.	フクドチクリリサクログ	o at mu annes ana i am tamunar with ana accent