

L10000047322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

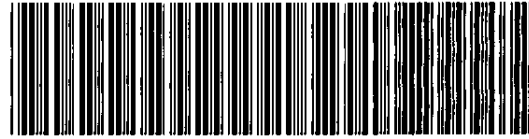
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**B. KOHR**

AUG 18 2011

**EXAMINER**



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08/15/11--01016--003 \*\*25.00

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**11 AUG 15 AM 12**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ecotype Industries, LLC  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
11 AUG 13 AM 10:12

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:

Gail Martin Abercrombie

Name of Person

Sivyer Barlow & Watson, P.A.

Firm/Company

401 E. Jackson Street, Suite 2225

Address

Tampa, FL 33602

City/State and Zip Code

buddys@tonertype.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Martin Abercrombie

Name of Person

at ( 813 )

221-4242

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

**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, being a duly authorized officer or registered agent of the limited liability company, submits the following statement in order to change its registered office, registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Ecotype Industries, LLC

2. (a) Principal office address of limited liability company: 6202 Benjamin Road, Suite 103

(Note: **MUST BE STREET ADDRESS**)

Tampa, FL 33634

(b) Mailing address of limited liability company: P.O. Box 261359

(Note: **MAY BE POST OFFICE BOX**)

Tampa, FL 33685

May 3, 2010

3. Date of filing/registration in Florida

L10000047322

4. Document number

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

Registered Agent:

Clyde C. Shaver IV

Registered Office Address:

18203 Keystone Grove Blvd.  
Odessa, FL 33556

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

**NEW** Registered Agent:

R.J. Haughey, II

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

401 East Jackson Street

Suite 2225

Tampa, FL 33602

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.

Gail Martin Abercrombie  
Signature of a member or authorized representative of a member

Gail Martin Abercrombie

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.

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00