L10000069287

(Requ	estor's Name)	
(Áddre	ess)	
,	,	
(Address)		
(Cit./S	State/Zip/Phone #)	
(City/S	state/Zip/Prione #/	
PICK-UP	WAIT	MAIL
(Pusin	ess Entity Name)	
	69287	
	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
<u> </u>		



600187619696

11/16/10--01020--012 **35.00

SECRETARY OF STANKINGH DIVISION OF CONTINUATION

Office Use Only



November 17, 2010

ALICE CASOTTO 301 JEFFERSON AVE 4B MIAMI, FL 33139

SUBJECT: ENERCHIC LLC Ref. Number: L10000069287

We have received your document for ENERCHIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00026963

COVER LETTER

TO: Registration Section Division of Corporations		
5620261.	CH/C LLC 1 Liability Company	
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 m	atter to the following:	
Auct Asotto Name of Person		
301 SEFFERSON AV 7	44B	
. Path Company (
Address		
MIAMI FZ 3313	7	
ACICE ENTERCHIC.CO	> /	
For further information concerning this matter, plea	se call:	
AUCE OASOTTO at (305) 766 4746	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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 limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	ERCHIC LLC
2. (a) Principal office address of limited liability company	: 301 JEFFERSON AVHAL
(Note: MUST BE STREET ADDRESS)	MIAMI, Fr 33139
(b) Mailing address of limited liability company:	SAME SEE
(Note: MAY BE POST OFFICE BOX)	
6/29/2010	. 10000069287
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of States
Registered Agent:	CORPORATION SERVICE COMPAN
Registered Office Address:	1201 LIAYS STREET
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	ALICE CASOTTO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	301 SETTERSON AV #9B
	MMH1 ,FL 33139
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	arida street address of the registered office
ACICE CASOTO	
rimed of typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limitest liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent