12000	116071
(Requestor's Name) (Address) (Address)	600254218966
(City/State/Zip/Phone #)	12/05/1301010018 **55.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	2013 DEC -5 (11 4: 37 TALLARASSE (P) 0P(C)
	B. BOSTICK DEC - 6 2013 EXAMINER

_ _ _ _ _ _ _ _

COVER LETTER

TO: **Registration Section Division of Corporations**

ECONOMIC RELOVERY GAMP, LLC Name of Limited Liability Company SUBJECT:

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:

LY N. DIP/EN, JK Name of Person ELONONIC RELOVERY GROUP Firm/Company 936 LEE ROAD 105 Address DELA: SOF City/State and Zip Code ----ERGLawfirm.com -6 (to be used for future annual report notification) mail address: ç For further information concerning this matter, please call: HENRY N. DIDIEN JN_ at (407) 895-3401 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

W \$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.

1. Name of the limited liability company: ECONOM	IC RECOVERY GROUP, LLC
 (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) 	1936 LEE ROAD, SUITE 105 WINTER PANK, FL 32789
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1936 LEE ROAD SUITE 105 WINTER PANE, EL 32785
09/07/2012_ 3. Date of filing/registration in Florida	LIZ000115071 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	JEFFREY M. KOLTUN
Registered Office Address:	537 NORTH WY MONE ROAD, STE 100 MATLAND, FL 32757
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	HENRY N. DIDIER, JR
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	HENRY N. DID/ER, JR 1203 N. ORAUGE AVE ORLAMOO, FL 3280 Y
NEW Registered Office Address:	<u>IZAS N. ORAUGE AVE</u> <u>ORLANDO, FL 3280 7</u> FL aws of the State of Florida, it is hereby orida street address of the registered office
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u> If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl	<u>IZAS N. ORAUGE AVE</u> <u>ORLANDO, FL 3280 7</u> FL aws of the State of Florida, it is hereby orida street address of the registered office
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	<u>IZAS N. ORAUGE AVE</u> <u>ORLANDO, FL 3280 7</u> FL aws of the State of Florida, it is hereby orida street address of the registered office
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authreized representative of a member MODEL MA	<u>IZA3 N. ORANGE AVE</u> <u>ORLANDO , FL 32807</u> ,FL aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or

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

÷

٤