## L13000025294

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<u> </u>			
<u></u>	_	_			
PICK-UP	☐ WAIT	MAIL			
	_				
(Bu	siness Entity Nan	ne)			
(Dr	ocument Number)				
(50	outlient Humbery				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
·					





700341217347

82/28/20--01011--828 \*\*P5.88

S TALLENT MAR 1 8 2020



RIN-CH

## COVER LETTER

TO: Registration Section Division of Corporations			i.
SUBJECT: ERGITA, LLC	Name of Li	mited Li	iability Company
D 0: 14 1	Traine of Gr	miled E	monthly Company
Dear Sir or Madam:			
The enclosed Registered Agent/Reg	gistered Office Cha	nge and	fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matte	r to the	following:
Larry M. Segali			
Name of Pe	erson		_
Gibbons   Neuman			
Firm/Comp	pany		<del></del>
3321 Henderson Blvd.			
Address			
Tampa, FL 33609			
City/State and	Zip Code		_
philip.atigre@gmail.com			
E-mail address: (to be used fo	r future annual repo	ort notifi	cation)
For further information concerning	this matter, please	call:	
Larry M. Segall	at (	813	877-9222
Name of Person			Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	e following amoun	t:	
■ \$25 Filling Fee		□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)			

## STATEMENT 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	une of the limited liability company: ERGITA, LLC	_		<u> </u>
2. (	a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5003 W. Cleveland Street		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		Tampa, FL 33609			
		February 18, 2013		L130000	25294
3.		Date of filing/registration in Florida  Larry M. Segall	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of S	state:
		Registered Office Address (MUST BE FLORIDA STREE) 3321 Henderson Blvd.			
		Tainpa, F	33	6609	2020 FEB
(b)		Jonathan S. Gilbert  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			B 26 AM 11: 58
		NEW Registered Office Address:			
		3321 Henderson Blvd.			——————————————————————————————————————
		Tampa, F	FL33	609	<u> </u>
ehar ager was the a	nge nt w /we artic	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regist hiability of the l ne limite	ered office company, i imited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
I he prov the o to m notij	rel risie obli ere fiea	over of a member or authorized representative of a member only accept the appointment as registered agent and as cons of all statutes relative to the proper and completing it is a statute of my position as registered agent as provided by reflect a change in the registered office address, if in writing of this change.	gree to a e perfor led for it I hereby	act in this co mance of m a Chapter 6 confirm the	Printed or typed name of signee upacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

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