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A.

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ECSC, LLC,	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cham	ige and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Patrick Neville Name of Person	
ECSC, LLC. Firm/Company	
1901 M. East Avenue	
Panama (ity), FC 32405 City/State and Zip Code	<del></del>
fcokeaecstrions.com E-mail address: (to be used for diture annual repo	rt notification)
For further information concerning this matter, please c	all:
Patrick <u>Neville</u> at (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 following amount	:
S25 Filing Fee	S55 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.

1. Name of the limited liability company: ECSC, CCC	
2. (a) 1901 O- East Avenue  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)	
Panama City FC 32405 Panama City, FC 32405	
O5   80   80   80   80   80   80   80   8	
5. (a) Jason A Bense Registered Agent and Registered Office shown on the records of the Florida Dept. of State:    1901 N. East Avenue   Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Parama City FL 32405  (b) Patrick Neville Enter name of NEW Registered Agent and/or NEW Registered Office address:  1901 A. East Avenue	
NEW Registered Office Address:  Panama City, FL 32405	
FL	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 figuration on the operating agreement of the limited liability company.	
Signature of imprinter or gathorized representative of a member    Jash A Bense   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 acceptate obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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 of Registered Agent	he ept ed

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