

L14000 138443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENCOURT, LLC

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 matter to the following:

Aaron Pulver

Name of Person

Whittmarsh LLC

Firm/Company

800 SE 4th Ave STE 821

Address

Hallandale Beach, FL 33009

City/State and Zip Code

aaron@whittmarsh.com

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

For further information concerning this matter, please call:

Aaron Pulver

Name of Person

617 386-3924
at ()

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 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 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: ENCOURT, LLC

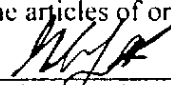
2. (a) <u>11118 NW 80th Lane</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Doral, FL 33178</u>	(b) <u>11118 NW 80th Lane</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Doral, FL 33178</u>
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3. <u>09/04/2014</u> Date of filing/registration in Florida	4. <u>1.14000138443</u> Document number
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5. (a) MARTINEZ, JORGE, CPA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6303 BLUE LAGOON DR
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
STE 200
MIAMI, FL 33126

(b) Aaron Pulver, CPA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
800 SE 4th Ave
NEW Registered Office Address:
STE 821
Hallandale Beach FL, FL 33009

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.

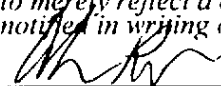


Signature of a member or authorized representative of a member

MANFRINI, FERNANDO J

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 605, 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 of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2024

AARON PULVER
800 SE 4TH AVE
STE 821
HALLANDALE BEACH, FL 33009-9

SUBJECT: ENCOURT, LLC
Ref. Number: L14000138443

We have received your document for ENCOURT, 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):

The form you submitted is for a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS, but your entity is a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

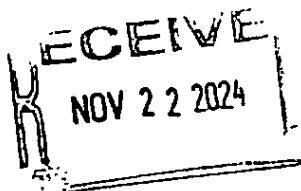
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00022604



*I was told on the phone
that no additional payment
is needed.*