## L1500003454

(Red	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	ESP Systems LLC						
		e of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the following:					
Eliza	beth Richardson						
	Name of Person	<del> </del>					
Mark	Richardson Inc						
	Firm/Company						
Mark	Richardson Inc.						
	Address						
6513	Marissa Circle						
	City/State and Zip Code						
Lake	Worth, FL 33467						
·	E-mail address: (to be used for future ann	ual report notification)					
For fu	rther information concerning this matter,	please call:					
Eliza	beth Richardson	at ()					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	☐ \$55 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. N	ame of the limited liability company: ESP System	s LLC						
2. (a)	2500 Quantum Lakes Drive Suite 203	(h	(b) 2500 Quantum Lakes Drive Suite 203				203	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	Boynton Beach, FL 33426	_	Boynton	Beach	, FL 33426			
	- <del>04/09/2015-</del> 117/15	<u> </u>	<del></del>	<del>32632</del>	L150000(	J 3L	154	
3.	Date of filing/registration in Florida	4.		Docume	ent number			
5. (a)	Claude Davis			_				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	<b>3</b> :				
	2500 Quantum Lakes Drive Suite 203			_				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2)			ਨ	•	
(b)	Boynton Beach , FI	<u>33426</u>		-		001-3 AM	6 NBC 20 00 00 00 00 00 00 00 00 00 00 00 00	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:			H: 00		
	NEW Registered Office Address:			-				
	6513 Marissa Circle			_				
	Lake Worth, FI	_33467		_				
signa  I here provise the obto mer notifie	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	f the regisiability coof the limited l	stered office ompany, it is sited liability liability con ndall Silva	e and the s hereby y companion pany.  Printed of acity. If	business office confirmed that t ny or as otherwi	of the the charse prov	registered nge(s) rided in	

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