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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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APR 1 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: \_\_\_\_\_

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:

JUAN D. VEGA

Name of Person

ECO ES LLC

Firm/Company

11551 NW 50TH TERR

Address

DORAL, FL 33178

City/State and Zip Code

## DALGY@ONENATIONWIDESERVICES.COM

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

For further information concerning this matter, please call:

UAN D. VEGA Name of Person	at () <u>613-8020</u> 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

☑ \$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. N	ame of the limited liability company:	2			
2. (a)			5)		
_ ()	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing address of limit (Note: MAY BE PO.	ed liability company:
	11551 NW 50TH TERR		11551 N	NW 50TH TERR	
	DORAL, FL 33178		DORAL	., FL 33178	
	10/09/2015		L150001	172794	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
U. (4)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	– te:	
	NATALIA LARA PA				,
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u>52</u>	-	
	5530 NW 113 CT				:
	DORAL	33178		_	•
	, FI			-	
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	-	, -
	ONE NATIONWIDE SERVICES LLC				
	NEW Registered Office Address:			-	
	12905 SW 42ND ST STE 111			_	
	MIAMI , FI	33175			
the cha agent v was/we the arti	imited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of integration or the operating agreement of the MAN LUMA VESA.	ws of the f the regi ability co of the lim limited JU,	State of Fle stered office ompany, it i nited liabilit liability con AN D. VE	e and the business o is hereby confirmed by company or as oth npany. GA Printed or typed name	ffice of the registered that the change(s) nerwise provided in of signee
provisi the obl to mere	by accept the appointment as registered agent and aginov of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I and a my position of the complete office address, I and a my position of the complete office address, I and a my position of the complete office address, I and a my position of the complete office of the complete office address, I and a my position of the complete office of the complete office of the complete of the complete office of the complete of the complete of the complete office of the complete of the comp	ree to ac. perform d for in ( hereby c	' in this cap ance of my Chapter 605 onfirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ce to comply with the niliar with and accept cument is being filed company has been

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

Signature of Registered Agent