

U600010033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

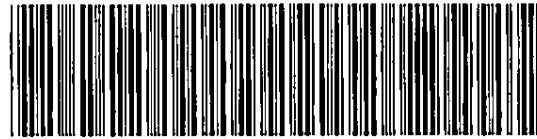
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 21 2018
S. YOUNG

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18 DEC 20 AM 11:43
S. YOUNG
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2018

HALLIE J BURNETT
ECPRS, LLC
8694 SCENIC HIGHWAY
PENSACOLA, FL 32514

SUBJECT: ECPRS, LLC
Ref. Number: L16000010033

We have received your document for ECPRS, 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):

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 918A00025173

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STATE OF FLORIDA
DEPARTMENT OF STATE

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18 DEC 20 AM 11:43
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECPRS, 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:

Hallie J. Burnett
Name of Person

ECPRS, LLC
Firm/Company

8694 Scenic Hwy
Address

Pensacola FL 32514
City/State and Zip Code

ECPRS fees@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hallie J. Burnett at (850) 501-1279
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

**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: ECPRS, LLC

2. (a) ECPRS, LLC (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

8694 Scenic Hwy
Pensacola FL 32514

3. 1/19/16 4. L 16 0000 / 0033
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

13302 Winding Oaks Blvd Ste A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa FL 33612-3425

_____, FL _____

(b) Hallie J. Burnett
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8694 Scenic Hwy
NEW Registered Office Address:
Pensacola FL 32514

_____, FL _____

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.

Hallie J. Burnett
Signature of a member or authorized representative of a member

Hallie J. Burnett, MGR
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.

Hallie J. Burnett
Signature of Registered Agent

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