## L16000/28557

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2016

JOSEPH YOUNES 420 S HESPERIDES ST TAMPA, FL 33609

SUBJECT: ENCOTECH MANAGEMENT, LLC

Ref. Number: L16000128557

SEGRETARY OF SIM

We have received your document for ENCOTECH MANAGEMENT, LLE 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 CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00026172

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: ENCOTECH MANAGEMENT, LLC

Name of Corporation

DOCUMENT NUMBER, LT

L16000128557

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH P YOUNES

Name of Contact Person

ENCOTECH MANAGEMENT, LLC

Firm/Company

420 S HESPERIDES ST

Address

**TAMPA, FL 33609** 

City/State and Zip Code

JYOUNES@ESICC.COM

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

For further information concerning this matter, please call:

RICHARD DUNCAN

\_407

354-5765

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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. Na	ame of the limited liability company:ENCOTECH MANAG	EMENT, LL	
2. (a)			
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of lim	ited liability company:  OST OFFICE BOX)
	8810 COMMODITY GR, STE18 4	20 SHESPI	ERIDES ST
	·	AMPA, FL	
	347 13, 2010	16000128	557
3.	Date of filing/registration in Florida 4.	Document number	er
5. (a)			
( )	Registered Agent and Registered Office shown on the records of the Florida Dept. of Star	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<b>—</b>	<b>16</b> भुर्स
	2928 W BAYSHORE CT		
	TAMPA ,FL 33611	_	FIL 16 DEC 27 BIVISION OF P
(b)	Commence of NEW Darks and Associated Allendary Darks and Associated Associated Associated A	_	سفيت درر
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
			- F
	NEW Registered Office Address:	_	
	420 S HESPERIDES ST	_	
	TAMPA ,FL 33609	_	
If the I	imited liability company is not organized under the laws of the State of Fl	lorida it is hereby (	confirmed that after
the cha	inge or changes are made, the Florida street address of the registered offic	e and the business	office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is a cuthorized by an affirmative vote of the members of the limited liability	is hereby confirmed	that the change(s)
the arti	cles of organization or the operating agreement of the limited liability cor	mpany.	merwise provided in
	JOSEPH JOSEPH	Printed or typed nam	
the obl to mer	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60, ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	pacity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to comply with the miliar with and accept locument is being filed y company has been
Signaty	of Registered Agent		