## 11600032079

(Requ	uestor's Name)		
(Addı	ress)		
(Addı	ress)		
(City/	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

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O SIMMONS
JUN 1 0 2021



May 20, 2021

ROGERIO FILHO 9870 NW 117 WAY MEDLEY, FL 33178

SUBJECT: ECOMIX HOLDING LLC

Ref. Number: L16000145517

We have received your document for ECOMIX HOLDING 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 FLORIDA CORP, but your entity is a FLORIDA LLC. 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

2821 JUH-7 PH 3:24

Letter Number: 321A00010676

## COVER LETTER

TO: Registration Division of	Section Corporations	
SUBJECT:	EROMIX HOLDIN	16 LIC
	Name	of Limited Liability Company
Dear Sir or Madam:		
The enclosed Regist	ered Agent/Registered Office	: Change and fee(s) are submitted for filing.
Please return all corr	respondence concerning this i	matter to the following:
_ ROGERI	O VIEIRA FI	LHO
ECOMIX	HOLDING LLC Firm/Company	
<u>9870 L</u>	Address	
MEDLEY	City/State and Zip Code	<del>,</del>
RVIEIR E-mail address	HOEINSTONE.	cos al report notification)
For further informat	ion concerning this matter, pl	lease call:
ROGERIO Nar	VIEIRA FILHO	at ( 786 ) 828-9956 Area Code & Daytime Telephone Number
P.O. Box 6	n Section f Corporations	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 a	mount:
🗅 \$25 Filin	g 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	lame of the limited liability company:Eeowx	HOLDING LLC
	9870 NW 117 WAY MEMEY, 92.53170 Principal office address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	05/28/21	L16000 1455 17
3.	Date of filing/registration in Florida 4.	Document number
5. (a		ida Dept. of State:
	Registered Agent and Registered Office shown on the records of the Flor	to Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRI	
	SUITE 650 / RESIGNET	· , N
		3.13.1 · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registered Office  9870 NEW 117 WAY MEDLEY  NEW Registered Office Address:	<u>address</u> :
	, FL <b>3</b> .	3137
chang agent was/v	limited liability company is not organized under the laws of the organized under the laws of the organized under the laws of the regist will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the liticles of organization or the operating agreement of the limite	ered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
-Sigl	lature of a member or authorized representative of a member	ROOFRIO VIEIRA FILHO HAURGER Printed or typed name of signee
l her provi the of to me	weby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete perforbligations of my position as registered agent as provided for interest of the change in the registered office address. I hereby of in writing of this change.	act in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept
Signa	ture of Registered Agent	