

L16000136528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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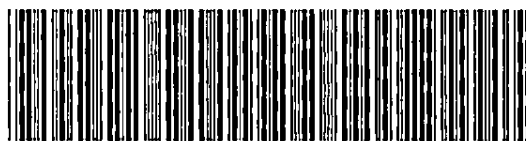
(Business Entity Name)

(Document Number)

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17 DEC 26 AM 10:15
FALL RIVER, MA

J. LEGGETT
DEC 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Echo Transportation Services 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:

Michael Klingensmith
Name of Person

Echo Transportation Services LLC
Firm/Company

1455 Shannondale Rd
Address

Cloud Lake FL 33406
City/State and Zip Code

m3klingensmith@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Klingensmith at (904) 685-5455
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: Echo Transportation Service, LLC

2. (a) Michael Klingensmith (b) Michael Klingensmith
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1455 Shannon Dale Rd 1455 Shannon Dale Rd
Cloud Lake FL 33406 Cloud Lake FL 33406

3. July 21, 2016 4. L16000736528
Date of filing/registration in Florida Document number

5. (a) 216AD0015387

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Agents and Corporations Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
300 Fifth Avenue South Suite 101-330
Naples FL 34012

(b) Michael Klingensmith
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Michael Klingensmith
NEW Registered Office Address:
1455 Shannon Dale Rd
Cloud Lake FL 33406

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17 DEC 26 AM 10:16
TALLAHASSEE, FLORIDA

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.

Michael Klingensmith Michael Klingensmith
Signature of a member or authorized representative of a member 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.

Michael Klingensmith
Signature of Registered Agent