116000117363

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800346077988

U6/22/20--U1U24 -UG4 **25.00



ANDRE J. PATRONE, ESQ.*
KENNETH E. KEMP, II, ESQ., LL.M
ELIZABETH C. BENTLEY, ESQ.
T. BRANDON MACE, ESQ.

* Admitted in Florida and Illinois

June 19, 2020

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

Rc

ETM Enterprise LLC

Document No. L16000177363

Dear Sir or Madame:

Enclosed please find the following documents for filing in the above referenced LLC:

- Cover Letter.
- 2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Also enclosed, please find a check in the amount of \$25 representing the filing fee.

If you have any questions or require any further documentation, please feel free to contact our office. Thank you for your assistance in this matter.

Very truly yours,

PATRONE, KEMP & BENTLEY, P.A.

By: Elizabeth Bentley /00 Elizabeth Bentley

(Signed in his absence to avoid delay.)

EB/dlh Enclosures

ce: Mr. Elliot Miller (w/o enclosures)

12661 New Brittany Blvd. Fort Myers, FL 33907

COVER LETTER

TO: Registration Section Division of Corporations			
ETM Enterprise LLC			
SUBJECT:			
	Name of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.	
Please return all correspondence concerning	; this matter to the fo	ollowing:	
Elizabeth Bentley			
Name of Person		_	
Patrone Kemp & Bentley PA			
Firm/Company		_	
12661 New Brittany Boulevard			
Address		_	
Fort Myers, Florida 33907			
City/State and Zip Cod	e	_	
E-mail address: (to be used for future a	annual report notific	ation)	
For further information concerning this mat	ter, please call:		
Elizabeth Bentley	239	278-1800	
Name of Person	at () Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follow	ing 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.

. Na	ETM Enterprise L me of the limited liability company:			
	11876 Nalda Street Fort Myers, F1, 33912		11876 Na	Ida Street Fort Myers, FL 33912
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/22/2016	_	 	363
. (a)	Date of filing/registration in Florida Scott, Kristie A	4.		Document number
. (a)	Registered Agent and Registered Office shown on the records of th Knott Ebelini Hart	e Florida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET AL 1625 Hendry Street Suite 301	DDRESS.	1	-
	Fort Myers, FL	33901		
(b)	Elizabeth Bentley			- 23 - 25
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	<u>tress</u> :	
	Patrone Kemp & Bentley PA			:
	NEW Registered Office Address: 12661 New Brittany Boulevard			, ;
	Fort Myers, FL	33907		-
hange gent w /as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	egistere oility con the limi	d office and mpany, it is ited liability lability com	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in inpany.
	Elia Philis		Ell	Printed or typed name of signee
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'in writing of this change.	e to act erforma for in C vreby co	in this cape nce of my c hapter 605 nfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept. F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent