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(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT: E2 Design & Construction, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Gavin D. Magaziner, Esquire						
Name of Person						
Schuett Law Group						
Firm/Company						
8200-113th Street North, Suite 101						
Address						
Seminole, Florida 33772						
City/State and Zip Code						
Info@Schuett-law.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
Gavin D. Magaziner, Esquire 7	712-3663					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	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.

	ame of the limited liability company: E2 Design & C 801 Sandpiper Lane		1015 Atlantic Boulevard		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Asiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ponte Vedra Beach, FL 32082	-		Atlantic E	Beach, Florida 32233
	March 27, 2017		l	_17-0000	69691
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Elizabeth A. Evans				
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	ida	Dept. of State	:
	801 Sandpiper Lane				
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRE.	SS)		
		<u> </u>			~2
	Ponte Vedra Beach , F	, 3208	2		7019 JAH 28
(b)	Gavin D. Magaziner, Esquire				9 JAH 28 FH
	Enter name of NEW Registered Agent and/or NEW Register	ed Office i	edd	ress:	7
	Schuett Law Group	<u> </u>			
	NEW Registered Office Address:				5: W
	8200-113th Street North, Suite 101				
	Seminole , F	ւլ_3377	2		•
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the three of a member of authorized representative of a member	of the reg liability s of the li ne limited	gist con imi d li	tered office mpany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in spany.
-	<u>-</u>				
	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. The of Registered Agent	gree to a le perfor led for ir I hereby	nct ma i C co	in this capa nce of my t hapter 605 nfirm that t	icity. I further agree to comply with the luties, and I am Jamiliar with and accep , F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations P.O FILING				see, FL 32314