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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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RA Change

## COVER LETTER .

	istration Section sion of Corporations		
SUBJECT:	ETC Palm Beach, LLC		
		me of Limited	Liability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning the	his matter to t	he following:
Paul Biava			
	Name of Person		<del></del>
ETC Palm Be	each, LLC		
	Firm/Company		
1800 Old Oke	eechobee Road, Suite 100		
	Address		
West Palm Be	each, FL 33409		
	City/State and Zip Code		
paul@etcsimp	olify.com		
E-mail	address: (to be used for future an	nual report no	stification)
For further in	nformation concerning this matter	; please call;	
Paul Biava		561 at (	881-8118 x110
	Name of Person	(	Area Code & Daytime Telephone Number
Regi	ling Address: istration Section		Street Address: Registration Section
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the following	g amount:	
<b>≅</b> \$2	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. Na	ame of the limited liability company: ETC Palm Beach	ı, LLC					
2. (a)	1800 Old Okeechobee Road		(b)	1800 Old	Okeechobee Road		
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(17)		Mailing address of lim (Note: MAY BE PC		-
	Suite 100			Suite 100			
	West Palm Beach, FL 33409			West Palm	1 Beach, FL 33409		
	08/29/2017		1	.17000184:	295		
3.	Date of filing/registration in Florida	4.	_		Document numbe	r	
5. (a)	Paul Biava						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	rida I	Dept. of Stat	<del>-</del> e:		
	1143 San Michele Way						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	<u>(SS)</u>		_		
	Palm Beach Gardens, FI	33418	3		_	20.	- : - : : : : : : : : : : : : : : : : :
(b)	Paul Biava					20 <b>JAN</b> - 9	1831 1851
` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	add	ress	_		7.5.T
	1800 Old Okeechobee Road					PH 4:	설립 기술
	NEW Registered Office Address:				_	: - 2	
	Suite 100				_	, •	0 K
	West Palm Beach , FI	33409	•		_		
change agent was/we the arti	·	registe ability of the I limited	ered con imit d lia	l office and pany, it is ed liability	d the business offices thereby confirmed v company or as ot	ce of the register I that the change	ed (s)
Signat	ture of a member or authorized representative of a member			-	Printed or typed name	e of signee	
I heret provision the oblit to mere notified	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provide by veflect a change in the registered office address, I if it writing of this change.	ree to a perfor d for it hereby	ict ii mar i Ch con	n this capa ace of my a apter 605 firm that t	ncity. I further agr huties, and I am far , F.S. Or, if this do the limited liability	ree to comply wit miliar with and a ocument is being company has bo	th the accept giled een
Signatur	re of Registered Agent						
` V	igations of my position as registered agent as provide it veffect a change in the registered office address, Lift writing of this change.  The of Registered Agent	a jor ii hereby	con	apier 603, firm that t	, r.s. Or, if this de the limited liability	ocument is being company has b	

Division of Corporations• P.O. Box 6327• Tallahassee, F1. 32314 FILING FEE: \$25.00