L17000 208 795

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: February 19, 2019

AE: Cori Ann Crosthwaite

TO:

Florida Department of State

H1080 REFERENCE: 1253962

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

E C DISTRIBUTION USA LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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:	··	E C Distributi	on USA LLC
2. (a)		(b)	
Principal office address of limited liab (Note: MUST BE STREET AL	ility company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
18851 NE 29TH AVE, SU	ITE 700	1	8851 NE 29TH AVE, SUITE 700
AVENTURA, FL 33	180	· ,	AVENTURA, FL 33180
10/09/2017			I 17000200705
3. Date of filing/registration in	Florida	4.	L17000208795 Document number
5 0			
5. (a) Registered Agent and Registered Office shows LEGALINC CORPORA Registered Office Address (MUST BE FL.)	i on the records of the TE SERVICES, I	NC.	MISTER 25
5237 SUMMERLIN COM	IMONS SUITE	400	- 12 L
FORT MYERS	, FL	33907	M 9: 13
(b) Enter name of NEW Registered Agent and/or	NEW Registered Of	fice address:	- -
Rocket Lawyer Corpora	te Services	LLC	_
NEW Registered Office Address:			
155 OFFICE PLAZA DRIV	E, 1ST FLOC)R	
Tallahassee	, FL	32301	
If the limited liability company is not organize the change or changes are made, the Florida stagent will be identical. Or, in the case of a Flowas/were authorized by an affirmative vote of the articles of organization or the operating age of the articles of organization or the operating age of the articles of a member or authorized representative of the articles of all statutes relative to the proper the obligations of my position as registered ago of merely reflect a change in the registered of notified in writing of this change. Signature of Registered Agent	reet address of the orida limited liabil the members of the reement of the lim	e registered office lity company, it is ne limited liability nited liability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. (((((((((