

L1800013Z639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

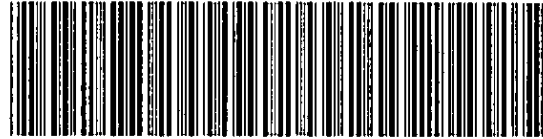
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2020 JAN 21 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FL

SIMMONS

FEB 27 2020



2020 FEB 26 11:10:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2020

SHAWNA HAGER
1802 NE 23RD DR
JENSEN BCH, FL 34957

SUBJECT: E-C.A.P.S DIRECT, LLC
Ref. Number: L18000132639

We have received your document for E-C.A.P.S DIRECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00003427

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-CAPS Direct, 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:

Shawna Hager
Name of Person

E-CAPS Direct, LLC
Firm/Company

1802 NE 23RD Drive
Address

Jensen Beach, FL 34957
City/State and Zip Code

shager@ecaps.direct
E-mail address: (Do not use for future annual report notification)

For further information concerning this matter, please call:

Shawna Hager at (772) 261-1322
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: E-CAPS Direct, LLC

2. (a) 1802 NE 23RD Drive (b) 1802 NE 23RD Drive

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Jensen Beach, FL 34957

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Jensen Beach, FL 34957

3. 05/29/2018 4. 618000132639
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.

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

5575 S. Semoran BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36

Orlando, FL 32822

(b) Shawna L. Hager

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1802 NE 23RD Drive

NEW Registered Office Address:

Jensen Beach, FL 34957

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2020 JAN 21 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Shawna L. Hager
Signature of a member or authorized representative of a member

Shawna L. Hager
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.

Shawna L. Hager
Signature of Registered Agent