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## COVER LETTER

TO: Registration Section Division of Corporations			
eCom Engage, LLC			
	ne of Limited L	liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Joel Gross			
Name of Person		<del></del>	
eCom Engage, LLC			
Firm/Company		<del></del>	
933 39TH AVENUE NORTH			27
Address		<del></del>	70 V 2
ST. PETERSBURG, FL 33703			70
City/State and Zip Code		<del></del>	7:2
jgross6@tampabay.rr.com			<b>e1</b>
E-mail address: (to be used for future ann	iual report noti	fication)	
For further information concerning this matter.	, please call:		
Joel Gross	727 at (	642-0009	
Name of Person	*** (	Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
<b>☑</b> \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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	me of the limited liability company: eCom Engage,	LLC					
2. (	a)	933 39TH AVENUE NORTH	_ (b	)	_			
·		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	ין	Mailing address of limited (Note: MAY BE POST		-	
		ST. PETERSBURG, FL 33703	-					
		11/02/2018		L180002	57812			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(2)	UNITED STATES CORPORATION AGENTS	, INC.					
.,.	(4)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT A	e Florida	Dept, of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS</u>	2				
		TAMPA FL_	33612		-		<b>9</b> {i	
(	(b)	Joel Gross					MIN NOV 2	STATE OF THE PARTY
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ado	<u>fress</u> :			21	
		933 39TH AVENUE NORTH			_		PH	دوست في في مو س
		<u>NEW</u> Registered Office Address:					1:23	٠,
		ST. PETERSBURG , FL. 3	3703		-	, -		
the age was the	cha nt w /we arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of a member or authorized representative of a member.	he regis sility co the lim mited l	stered office mpany, it is ited liability	and the business off s hereby confirmed the y company or as othe	lice of the nat the cha rwise prov	regist inge(s	ered )
I he pro the to n noti	erek visio obli iere fied	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.  The of Registered Agent	e to act erforma for in C ereby co	in this cape ince of my e Thapter 605 onfirm that	to the material		v with ind ac eing f as bee	the ecept filed in

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