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COVER LETTER

Division of Corporations	
SUBJECT: ESR1018 LLC	
Name of Li	mited 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 matte	er to the following:
Fernando X. Romero	
Name of Person	
ESR 1018	
Firm/Company	
1649 Parker Pointe blvd	
Address	
Odessa, FL 33556	
City/State and Zip Code	
Romero@elementsdesigngrp.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Fernando X. Romero at (8	313 ₎ 435-8444
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
☑ \$25 Filing Fee	□ \$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.

. Na	me of the limited liability company:					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 1649 Parker Pointe Blvd			
(-)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Odessa. FL 33556	_	Odessa, I	FL 33556		
	04/02/2019		L19000090	0402		
	Date of filing/registration in Florida	- 4.	i	Document number		
(a)	United States Corporation Agents, Inc					
(4)	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)		SS)			
	Suite 36					
	Orlando , FL	3282	2	2020 HA SECAL VALUE SHI		
(b)	Fernando X. Romero			ـــــــــــــــــــــــــــــــــــــ		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:			
	1649 Parker Pointe Blvd			± 5. □		
	NEW Registered Office Address:			 3 6		
	Odessa, FL	3355	6			
e cha ent v is/wę	imited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the regability of the li	gistered office company, it is mited liability	and the business office of the registe shereby confirmed that the change(s) y company or as otherwise provided in		
	un la Komero		rnando X. Roi	• •		
jena	ture of a member or authorized representative of a member			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 his change.

Signature of Registered Agent