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12/31/20--01028--028 **55.00

S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EBS Alliance LLC			
Name of Limited Liability Company			
Dear Sir or Madam:	`		
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
RAWARA R. Sm. 4L. Name of Person	_		
EBS Allinace LLC	_		
Firm/Company			
535 Chula Vista Auc Address			
Address			
City/State and Zip Code	_		
E-mail address: (to be used for future annual report notific	ation)		
For further information concerning this matter, please call:			
Name of Person	780-2588		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section		
P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	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		

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. N	ame of the limited liability company: EBS Alliance Ll	- Ć
	535 ihula Vista Auc (b) 53	15 Chula Vista Ave
2. (a)	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Now: MAY BE POST OFFICE BOX)
	LANGERY FL	138 LAKE FL
	32159	32157 EL
	Deccuses 16 7019 L1	9000304509
3.	Date of filing/registration in Florida 4.	Document number
	Unites States Corporation Agreets In	c ¹
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St	
	5575 S. Stronge Blus	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		جي دند
	Su, tr. 36	_
	0/1200 FL 32822	7.920 DEC
		: 8
(b)		_
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	535 Chula Vista Aur	7: 10
	NEW Registered Office Address:	
	LANY LAKE, FL 32157	_
	. FL	
		
change agent was/w	limited liability company is not organized under the laws of the State of Fe or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it tere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability or	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
ť	(AllA)	Printed or typed name of signee
Signa	ature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob- to mer notifie	thy accept the appointment as registered agent and agree to act in this cations of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 yelv reflect a change in the registered office address. I hereby confirm that it is writing of this change.	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed 1 the limited liability company has been