L20000095359

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
AUG 1 6 2023						
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COVER LETTER

TO: Registration Section Division of Corporations							
ECOSHRIMP TRADING LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Joseph Montgomery							
Name of Person							
3West LLC							
Firm/Company							
1500 Weston Road							
Address							
Suite 200							
City/State and Zip Code							
Weston, FL 33326							
E-mail address: (to be used for future annu	ual report notification)						
For further information concerning this matter,	please call:						
Joseph Montgomery	954 258 3994 at ()						
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 Fcc	\$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.

I. N	ame of the limited liability company: ECOSHRIMP TR.	ADIN		Waston Pond	
2. (a)	1500 Weston Road		(b) L500 Weston Road		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				mited liability company: POST OFFICE BOX)
	Suite 200		Suite 2	200	
	Weston F1, 33326		Westor	n FL 33326	
	04/01/2020		1200000	95359	
3.	Date of filing/registration in Florida	4.		Document numb	er er
5. (a	JORGE LUIS ŁOPEZ-GARCIA P.A.				
5. (a)	Registered Agent and Registered Office shown on the records of t	State:			
	1450 MADRUGA AVE., STE. 408				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2
					F: 7
	CORAL GABLES, , FL	3314	6		FILTARY RELARY 2023 JUL 25
(b)	3West LLC				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		S 17
	1500 Weston Road				PH 12: 38
	NEW Registered Office Address:				-
	Suite 200	·		<u>.</u>	
	Weston, FL	3332	6		
chang agent was/v the ar	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. On in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agreely reflect a change in the registered agent as provided the proper and complete feel in writing of this change.	regis ability of the limit	tered office company, limited lial ed liability	e and the business of it is hereby confirme bility company or as company. Printed or typed na	fice of the registered led that the change(s) otherwise provided in the change of signed leaves to comply with the

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

Signature of Registered Agent