Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Number : 076424003301 : (813)223-7474 : (813)227-0435 Fax Number ◆€nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** tgood@trenam.com Email Address: LLC REGISTERED AGENT CHANGE ECLIPSE MARKETING SOLUTIONS LLC Certificate of Status Certified Copy 01 JUL 12 2021 Page Count \$25.00 Estimated Charge A. LUNT 884

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(((H210002652923)))

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: Eclipse Marketing				
2. (a)	18526 Briggs Circle	(ь)185 26 Вг	riggs Circle	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	Port Charlotte, FL 33948		Port Cher	Hotic, FL 33948	
	07/22/2020	<u> </u>	L20000215	5088	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a) (b)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the records of 17901 4th St N				OISIAIU 4338
	Registered Office Address (SUST BE FLORIDA STREET) Suite 300		<u>(S)</u>	- אור – <i>א</i> 1 אור – <i>א</i>	ETARY TARY
	St. Petersburg , FL	33702		P	10F 3
	TK Registered Agent, loc.			AM 10: 03	STATE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			က (2 2
	101 E. Kennedy Boulevard				
	NEW Registered Office Address: Suite 2700	···			
	Тыпра .FI	33602			
change agent was/w the art Signa I here provis the ob to mer notifie	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lie at authorized by an affirmative vote of the members of ides of organization or the operating agreement of the ourse of a member or authorized representative of a member by accept the appointment as registered agent and age it in a figure of a travite's relative to the proper and complete ligations of my position as registered agent as provided the relation of the registered office address. It is a figure of this change in the registered office address. It is only the proper and complete the proper and complete the proper of the change in the registered office address. It is only the proper and complete the proper and co	registe ability of the li- limited	red office a company, it mited liabil Hiability co	is hereby confirmed that the changility company or as otherwise provide ompany. C.o.H. M. C. L. L. Printed or typed name of signee	red e(s) ed in

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