## T91000108333

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D. BRUCE NAY 25 2021

## **COVER LETTER**

TO:	Registration Section , Division of Corporations	ť				
SUBJ	Eckstine Mobile Massage LLC					
	· · · · · · · · · · · · · · · · · · ·	ne of Limited	Liability Company		_	
Dear S	Sir or Madam:					
i ne er	nclosed Registered Agent/Registered Offi	ce Change an	d fcc(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the	e following:			
Liam E	Eckstine					
	Name of Person		<del></del>			
Eckstir	ne Mobile Massage LLC					
	Firm/Company		<u> </u>			
582 Le	wis Blvd. SE					
	Address		<u> </u>	, -	2	
Saint P	etersburg, FL 33705				1021 APR -	يند إدر ،
	City/State and Zip Code			<u></u>	¥.	
liamecl	sstine@icloud.com			). 	5 P	15.1
Ē	-mail address: (to be used for future annu	al report noti	fication)	į ·	E E	يسب لوين -
For fur	ther information concerning this matter, p	please call:		773	: ვ	
Liam E	ckstine	908 at (	500-7277			
	Name of Person		Area Code & Daytime Telephor	ne Numb	- er	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	: 810		
	Enclosed is a check for the following a	mount:				
	□ \$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.

Na	me of the limited liability company:  Eckstine Mobile Ma	issage .	LL	LC
(a) .	582 Lewis Blvd. SE	(	b) [	582 Lewis Blvd. SE
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ``	~ <i>,</i>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Saint Pertersburg, FL 33705	-	-	Saint Petersburg, FL 33705
	March 5, 2021	_	L	L21000108233
	Date of filing/registration in Florida	4.		Document number
7 X	Liam Eckstine LMT			
(a)	Registered Agent and Registered Office shown on the records of the 58 Lewis Blvd. SE	e Florio	ia C	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>'S)</u>	2
	Saint Petersburg , FL_	3705		2021
(b)	Liam Eckstine LMT			
	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	<u>ddı</u>	dress:
	582 Lewis Blvd. SE			
	NEW Registered Office Address:			<u> </u>
	Saint Petersburg , FL	33705		
ange ent v as/w e art	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liab	registe bility of the li- imited	rec con mit l lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
 حکبی	ture of a member or authorized representative of a member	Lia —	ım	Printed or typed name of signee
here rovis e ob mer	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac perform for in ereby	ct i nai Cl coi	in this canacity. I further garee to comply with the

Signature of Registered Agent