

L22000155268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

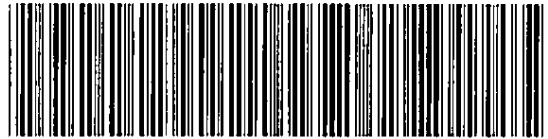
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA

Office Use Only



700414057737

09/18/23--01008--001 \*\*25.00

BRATHAM

SEP 16 2023

2023 SEP 16 PM 12:37

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HELENA ECHO 1 LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacek Dempniak

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15575 NW 12 Place

\_\_\_\_\_  
Address

Pembroke Pines, FL 33028

\_\_\_\_\_  
City/State and Zip Code

jacek.dempniak@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacek Dempniak

707

4778421

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 Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: HELENA ECHO 1 LLC

2. (a) 15575 NW 12 PLACE (b) 15575 NW 12 PLACE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Pembroke Pines

Florida 33028

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Pembroke Pines

Florida 33028

03/31/2022

122000155268

3. Date of filing/registration in Florida

4. Document number

5. (a) ZENBUSINESS INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

336 E. College Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301

Tallahassee, FL 32301

(b) Jacek Dempniak

Enter name of NEW Registered Agent and/or NEW Registered Office address:

15575 NW 12 Place

NEW Registered Office Address:

Pembroke Pines, FL 33028

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

E. Dempniak

Signature of a member or authorized representative of a member

Elena Dempniak

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 this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00