Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE

ECC SOUTH LLC

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JUL 25 2022

K. Brumbley

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	ame of the limited liability company: ECC SO	JTH	LLC	<u> </u>	•		
2. (a)	7901 4th St N	(_{b)} 7901 4	th St N			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	· —	Mailing address of (Note: MAY BI		-	
	STE 300	STE 300					
	St. Petersburg, FL 33702	-	St. Pete	rsburg, FL 33	3702		
	04/14/2022		L2200	0179704	1		
3.	Date of filing/registration in Florida	4.		Document nur	прег		
5. (a)	LYONS, JOHN E, JR						
J. (u)	Registered Agent and Registered Office shown on the records of	he Floric	la Dept. of Stat	- e:			
	1680 SW ST LUCIE WEST BLVD						
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>S)</u>	_			
	202						
	PORT ST LUCIEFL	3498	6	-	:	J 220	
(b)	Registered Agents Inc.				·:	2022 JUL 25	스 디즈
,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-			355
	7901 4th St N					PM 2:	
	NEW Registered Office Address:					<u>сп</u>	
	STE 300			_			
	St. Petersburg	3370	2	_			
the cha agent was/we the arti Signal I herel provisi the obl	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agrounds of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a complete address, I have a change in the registered office address.	the regability of the little limited Rie to accept or the little limited Rie l	istered office ompany, it is nited liability cor ley Park tin this cap mance of my Chapter 60:	e and the busing shereby confirmally company or a superior of typed pacity. I further duties, and I around the state of th	ess office med that is otherw name of sign agree to in familia, is docum	of the the chaise provence comply with is be	registered inge(s) vided in v with the und accept eing filed
provisi the obl to mere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided	perform I for in iereby o	nance of my Chapter 60: confirm that	duties, and Lan 5, F.S. Or, if th	n familia. is docum	r with c ent is b	

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

Signature of Registered Agent