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SECRETARY OF STATE
UNION CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: DVELY ECHOES Name of Limited L	iability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Les lie Brown Name of Person					
Firm/Company Mary Brown RI Address Quincy Fl. 32356 Oity/State and Zip Code Les Le Broy Do 500/600	2 ahw. Cen				
E-mail address: (to be used for future annual report notified					
For further information concerning this matter, please call:					
Name of Person at (80)	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:					
□ \$5 Filing Fee	55 Filing Fce & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F-LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

1. Na	ume of the limited liability company:	ely Echo	es LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Oury (b) P.O	Mailing address of limited lis (Note: MAY BE POST O	
	But a Bar		· .	.:
3. 5. (a)	Date of filing/registration in Florida The Huthont Registered Agent and Registered Office shown on the recor	4. 4. rds of the Florida Dept. of St	Document number	
	Registered Office Address MUST BE FLORIDA STRA	EETADDRESS) We Ste 2 .FL 32801	- 13改 -	FILED SECRETARY OF S
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office Address:	stered Office address:		6: 55 '
	-Quncij	. FL_32352	<u> </u>	
change agent w was/we the artic	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limitere antiporized by an affirmative vote of the members of organization or the operating agreement of	of the registered office a ed liability company, it pers of the limited liabil	ind the business office of is hereby confirmed that ity company or as otherwompany. The Brown	the registered the change(s) rise provided in
I hereh provision the obli to mere	ofe of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as pro- ly reflect a change in the registered office addres in priffing of this change	l agree to act in this ca plete performance of my vided for in Chapter 60 ss, I hereby confirm tha	Printed or typed name of signacity. I further agree to a duties, and I am familian 15, F.S. Or, if this documn the limited liability com	

Signature of Registered Agent