

L22000303094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

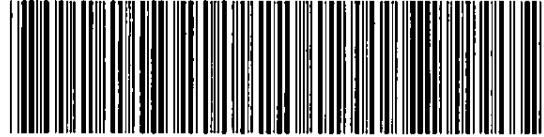
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900415203489

09/08/23--01010--018 **25.00

FILED
2023 SEP -8 AM 9:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECOMPH 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:

DUY PHAM

Name of Person

ECOMPH LLC

Firm/Company

1631 Del Prado Blvd. S Ste 300 PMB 1071

Address

CAPE CORAL FL 33990

City/State and Zip Code

DUY197@GMAIL.COM

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

For further information concerning this matter, please call:

DUY PHAM

at (239) 4249121

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: ECOMPH LLC

2. (a) 1631 Del Prado Blvd. S Ste 300 1071 CAPE CORAL, FL 339 (b) 631 Del Prado Blvd. S Ste 300 1071 CAPE CORAL, FL

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

07/07/2022

L22000303094

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES INC

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

(b) DUY PHAM

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

NEW Registered Office Address:

1631 DEL PRADO BLVD. S SUITE 300

CAPE CORAL, FL 33990

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.

[Signature]
Signature of a member or authorized representative of a member

DUY PHAM

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

FILED
2023 SEP -8 AM 9:21
TALLAHASSEE, FLORIDA
DEPT. OF STATE