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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Certificates of Status |
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| Special Instructions to Filing Officer |
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Office Use Only



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May 1, 2023

E2COMPANIES 8901 QUALITY ROAD BONITA SPRINGS, FL 34135-7331

SUBJECT: E2C ESA BOND 2, LLC

Ref. Number: L22000402241

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor
Letter Number: 523A00009743

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| • | |
| SUBJECT: e2C ESA Bond 2, LLC | |
| Name of Lim | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| | |
| Janessa Goldstein | |
| Name of Person | |
| 20,504.0 | |
| e2C ESA Bond 2, LLC Firm/Company | |
| 1 mir Company | |
| 8901 Quality Rd. | |
| Address | |
| Bonita Springs FL 34135 | |
| City/State and Zip Code | |
| janessa.goldstein@e2companies.com | |
| E-mail address: (to be used for future annual repor | t notification) |
| For further information concerning this matter, please ca | ali: |
| | |
| at (| 239) 719-0008. |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 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 |

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.

| 1. | Name of the limited liability company: _e2C ESA Bon | nd 2, LLC | | | | | |
|--|---|---|--|--|--|---------------------------|-------------------------------------|
| 2. (a |) | (b) | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | N | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8901 Quality Rd. Bonita Springs, FL 34135 | | | |
| | 8901 Quality Rd. | | 8901 | | | | |
| | Bonita Springs, FL 34135 | | Bonita | | | | |
| | 9/14/2022 | | L220 | 000402241 | | | |
| 3. | Date of filing/registration in Florida | 4. | [| Document nu | ımber | | |
| 5. (a | (i) Registered Agent and Registered Office shown on the records of Maertens, David Michael | The Florida D | ept. of State: | : | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | · | | | | |
| | 8901 Quality Rd. | | | | | | |
| | Bonita Springs , FI | 34135 | | | SEC | 2823 HAY | |
| (b | | | | | CRETARY OF ST. C LAHASSEE, FLOGIO | HAY 2 | 丁] 三 |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office addre | 255: | | SEC. | 25 | |
| | Janessa Goldstein | | | | | PH & | |
| | NEW Registered Office Address: | | - | |), E) | P 20 | |
| | 8901 Quality Rd. | | | | ************************************** | 0 | |
| | Bonita Springs , FL | 34135 | | | | | |
| agent was/v the ar leading of the reprovision of th | limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member seby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I is a finite of this change. | registered of ability composition of the limited liab | office and pany, it is defined in the second | the business hereby confir company or bany. Printed or types | office of the as other | of the reat the convise p | egistered hange(s) rovided in |