

10/12/23, 4:05 PM

Division of Corporations

# L23000358678

Florida Department of State  
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## LLC REGISTERED AGENT CHANGE EC GOOD TIME LLC

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OCT 13 2023

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# 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: EC GOOD TIME LLC

2. (a) EC GOOD TIME LLC

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

16021 VETTA DR  
MONTVERDE, FL 34756

(b) EC GOOD TIME LLC

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

16021 VETTA DR  
MONTVERDE, FL 34756

February 1, 2023

L23000058678

3. Date of filing/registration in Florida

4. Document number

5. (a) SELLERSFLOW LLC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

15655 CITRUS HARVEST ROAD

WINTER GARDENS, FL 34787

(b) LAW CENTER OF THE AMERICAS LLC

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

NEW Registered Office Address:

201 S. BISCAYNE BOULEVARD, SUITE 800

MIAMI, FL 33131

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 of a member or authorized representative of a member

Eduardo Luna Bontempo

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 of Registered Agent

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