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COVER LETTER

TO: Registration Section Division of Corporations						
EHotRetail.com, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Robert Vincent Ortiz						
Name of Person						
EHotRetail.com, LLC						
Firm/Company						
12116 Colonial Estates Lane						
Address						
Riverview, Florida 33579-6898						
City/State and Zip Code						
ehs.robert.v/a gmail.com						
E-mail address; (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	e call:					
Name of Person	Area Code & Daytime Telephone Numbe					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Talfahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amou	int:					
☐ S25 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.

. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11510 Dutch Iris Drive		E1510 D	utch Iris Drive
	Riverview, Florida 33578-3736		Rivervie	w. Florida 33578-3736
	August 27, 2024		1,24000376	6397
	Date of filing/registration in Florida	4.		Document number
. (a)	John Anthony Ortiz			
. 107	Registered Agent and Registered Office shown on the records of		a Dept, of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 11510 Dutch Iris Drive	<u>ADDRES</u>	<u>S/</u>	- 17.0 5.7.5.5.5.
	Riverview, FI	33578-3	736	- <u> </u>
(h)	Robert Vincent Ortiz			
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office a	ddress:	
	NEW Registered Office Address:			
	12116 Colonial Estates Lane			
				
agent was/v	limited liability company is not organized under the lige or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ie registe liability of the E e limited	ered office company, i mited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Sign	aure of a member or authorized repositiative of a member		- 	Printed or typed name of signee
I here provis the ob	eby accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided with reflect a change in the registered office address, I do writing of the change in the registered office address, I	gree to a e perfori ed for in	ct in this co nance of m Chapter 6	apacity. I further agree to comply with the

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