DOCUMENT # L9900001973 1. Entity Name						·	FILED	 		-
EC ACQUISITION OF JACKSONVILLE, L.L.C.							10 HAY -2 AM	11: 50		
rincinal Plac	ne of Business		Mailing Address				SECRETARY OF ALLAHASSEE, F	STATE		
Principal Place of Business 250 LANE AVENUE NORTH JACKSONVILLE FL 32254		Mailing Address 250 LANE AVENUE NORTH JACKSONVILLE FL 32254-2815			1	ALL PATE 100 m	<u> </u>			
						.]				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				<u> </u>		81 14 81 8 FB F11	8688 86
							DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI N	umber 59-3569964		_ 	oplied For ot Applicable	
Zip		Country	Zip	Coun	try		icate of Status Desired	i L' È	5.00 Addee Require	
	6Name	and Address of Current	Registered Agent - ·		Name	7. Name	and Address of New I	Registered Ag	jent ··=·	٠ <u>ټ ـــ تومي</u>
DEVINE, MICHAEL J 250 LANE AVENUE NORTH					Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
IACKSON	KAITE EL 22	25/								
UNCROOM	iville fl 32	204			City			FI	Zip Cod	e
			or the purpose of changin	g its registere	-	stered agent, o	or both, in the State of Fl	FL orida.	Zip Cod	е
The above	e named entity	submits this statement fo			ed office or regis			orida.	Zip Cod	e
. The above	e named entity		and title if applicable.	(NOTE: Registered	ed office or regis	uired when reinstatir		! 	Zip Cod	e
The above	e named entity	submits this statement fo	and trile if applicable.	(NOTE: Registered	ed office or regis	uired when reinstatir		orida.	Zip Cod	e
. The above	Signature, typed o	submits this statement fo	and title if applicable. FILE Make Check ERS/MEMBERS	(NOTE: Registered E NOW!!! 6 k Payable to	ed office or regis d Agent signature requ FEE IS \$50.0 o Departmen	uired when reinstatir	ng)	orida. DATE		
The above	Signature, typed of MGR DEVINE, M 250 LANE	submits this statement for printed name of registered agent MANAGING MEMB	and title if applicable. FILE Make Check	(NOTE: Registered NOW!!! F Registered 10. TITLE NAM STRE	ed office or regis d Agent signature requ FEE IS \$50.0 o Departmen	uired when reinstatir	ADDITIONS 10003 -05/19	orida. DATE //CHANGES 2594	Change	
The above GNATURE ILE IME REET ADDRESS REET ADDRESS	Signature, typed of MGR DEVINE, M 250 LANE	submits this statement for printed name of registered agent MANAGING MEMB	and title if applicable. FILE Make Check ERS/MEMBERS	(NOTE: Registered E NOW!!! F R Payable to 10. TITLE HAM STRE CITY- TITLE HAM STRE	d Agent signature requirements E E E E E E E E E E E E E E E E E E E	uired when reinstatir	ADDITIONS 10003 -05/19	Orida. DATE /CHANGES 2594 /00-011	Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER
MICHAEL J. DEVINE SIGNATURE:

4-20-00 Date

904 786-3861

Daytime Phone #