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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Duc	siness Emily Ham			
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
FALL AHASSEEL PLOSHIA

C. LEWIS
JUN 1 7 2014
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JECT: Echelon Development LLC Name of Limited Liability Company				
SUBJECT.					
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ñce Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to t	ne following:		
Brian Fon	s				
	Name of Person				
Corporate	Creations				
	Firm/Company				
3023 N CI	ark Street #318				
	Address		 		
Chicago, I	L 60657				
	City/State and Zip Code				
brian.fons	@corpcreations.com				
E-mail	address: (to be used for future and	nual report no	tification)		
For further i	nformation concerning this matter	, please call:			
Brian Fon	s	773	, 935-3920		
	Name of Person		Area Code & Daytime Telephone Number		
STE	REET/COURIER ADDRESS:		MAILING ADDRESS:		
_	istration Section		Registration Section		
•	ision of Corporations		Division of Corporations		
Clif	ton Building		P.O. Box 6327		
266	1 Executive Center Circle	Tallahassee, Florida 32314			
Tall	ahassee, Florida 32301				
Enc	closed is a check for the following	g amount:			
9 \$	25 Filing Fee	0	\$55 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

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.

I. Na	ame of the limited liability company: Echelon Dev	/elopment LL	.C
2. (a)	235 3rd Street, Suite 300	(h) 23	5 3rd Street, Suite 300
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33701		Petersburg, FL 33701
	03/03/2000	Moo	000000429
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of Corporation Service Company	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	Fs I
	1201 Hays Street		ECR LINE
	Talllahassee	32301-252	SECRETARY SECRETARY 5
		L	
(b)			mo 3
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	—————————————————————————————————————
	Corporate Creations Network Inc.		LI AHASSEE FLORIDA
	NEW Registered Office Address:		
	11380 Prosperity Farms Road #221E		
	Palm Beach Gardnes	L 33410	
the changent vas/weathe arti	imited liability company is not organized under the la tange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited library to the authorized by an affirmative vote of the members cless of organization or the operating agreement of the tangent of a member or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ws of the State of the registered iability compan of the limited lie limited liability	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Aurora Chan Printed or typed name of signee is capacity. I further garee to comply with the
to mere notified	ely reflect a change in the registered office address, I d in writing of this change. By: Brian R Fons, Vice Pr		n that the limited liability company has Réen
Signatu	re of Registered Agent		