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T. BROWN

COVER LETTER

	, , , , , , , , , , , , , , , , , , ,		
TO: Registration Section Division of Corporations			
SUBJECT: Echelon PDC Name of Limit	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	to the following:		
Christie Christensun Name of Person			
Echelon LC Firm/Company			
235 third Street Sulli	#300		
St. Petersberg FL 33701 City/State and Zip Code	 		
Christie & echelonce. Con E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	dl:		
Christie Christenson at (Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			



June 12, 2014

CHRISTIE CHRISTENSON ECHELON LLC 235 THIRD ST SOUTH #300 ST PETERSBURG, FL 33701

SUBJECT: ECHELON PDC, LLC Ref. Number: M02000002907

We have received your document for ECHELON PDC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00012782

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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. Na	ame of the limited liability company:	uc		
2. (a)	235 Hird Street Pin 4 #30 (b) San	(L)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability (Note: MAY BE POST OFFIC)		/:
	St Petashina F 33201	\		
	STATE OF THE STATE			
	,1			
	11-4-02 mds	2ddddd3947	/ 	
3.	Date of filing/registration in Florida 4.	Document humber		•
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- p.		
	1201 Hair Street	·.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-		
	Tallaharce, FL 32301		→	
	, FL	- Hr - 25:	AUG -	
	12001		ထ်	111
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- T o	PH -	J
	Deal with Or I all I	TATE	1: 45	
	NEW Registered Office Address:	. D		
		-		
	St. leterbury, FL 33704	. .		
If the I	imited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed	hat aft	er
agent v	ange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	s hereby confirmed that the c	hange(s)
was/we	ere authorized by an affirmative of the members of the limited liabiliticles of organization or the operating agreement of the limited liability con	y company or as otherwise papany.	ovided	1 IN
Sign	ture of a member or authorized representative of a member	Printed or typed name of signee		
I horo	by account the approintment as registered agent and garge to act in this can	acity. I further agree to con-	oly wjt	h the
provisi the obl	tions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 603 ely reflect a change in the registered office address, I hereby confirm that	duties, and I am familiar wit 5, F.S. Or, if this document i the limited lightlity company	i and a being bas he	iccept filed
notifiei	d in writing of this change.	me amaca advany company	nus ut	icii
Signatu	re of Registared Agent			
	Division of Corporations • P.O. Box 6327 • Tallahas	ssee, FL 32314		