M03000002771

(Requestor's Name)					
(Addr	ess)				
(Address)					
(Addi	ess)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Docu	ıment Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SEORE LARY OF STATE

APPROVED AND FILED

C. LEWIS

JUN 1 7 2014

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Echelon Development Holdings LLC				
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
Brian	Fons					
	Name of Person					
Corp	orate Creations					
	Firm/Company					
3023	N Clark Street #318					
	Address					
Chica	ago, IL 60657					
<u></u>	City/State and Zip Code					
brian	.fons@corpcreations.com					
E	3-mail address: (to be used for future and	nual report notification)				
For fu	rther information concerning this matter,	, please call:				
Brian	Fons	773 935-3920				
	Name of Person	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				
INHS1	8 (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.

. Na	ame of the limited liability company: Echelon Deve	lopm	ent Holding	gs LLC	
. (a)	235 3rd Street, Suite 300	((b) 235 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	_	St. Pete	ersburg, FL 33701	
	8/20/2003		M030000	002771	
•	Date of filing/registration in Florida	4.		Document number	
. (a)			·	_	
	Registered Agent and Registered Office shown on the records of the	ne Florid	la Dept. of Stat	e:	
	Corporation Service Company			_	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>(S)</u>		
	1201 Hays Street			SE SE	
	Taillahassee	3230	I - 2525	SECRET FALL AH	
	, FU			TAR	
(b)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(-7	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	Corporate Creations Network Inc.			SECRETARY OF STATE ALL AHASSEE, FLORIDA	
	NEW Registered Office Address:		-	<u>-</u>	
	11380 Prosperity Farms Road #221E			_	
	Palm Beach Gardnes , FL	33410)	_	
gent vas/weie arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre adthorized by an affirmative vote of the members of icles of organization of the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have	the reg bility of the lin imited	istered offic company, it is nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in an approximately. Aurora Chan Printed or typed name of signee	

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

By: Brian R Fons, Vice President

Signature of Registered Agent