

MO 400000 3289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

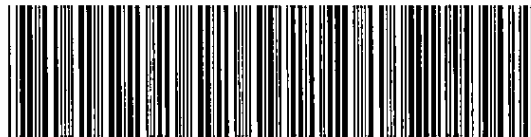
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN 25 PM 5:06

STATE OF OHIO  
DEPARTMENT OF REVENUE

Amend

JUL 08 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ECS-Florida, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Carlisle  
Name of Person

Engineering Consulting Services, Ltd.  
Firm/Company

14026 Thunderbolt Place  
Address

Suite 300  
City/State and Zip Code

lcarlisle@ecslimited.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Carlisle at (571) 299-6019  
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    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

19 JUL 25 PM 5:06

RECEIVED  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ECS-Florida, LLC

Enter new principal office address, if applicable: 14026 Thunderbolt Place

(Principal office address

MUST BE A STREET ADDRESS)

Suite 600

Chantilly, VA 20151

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M04000003289

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: August 13, 2004

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_

Adding two new officers.

VP      Joey Broussard      7064 Davis Creek Road, Jacksonville, FL 32256 ☒ Add

☐ Remove

VP

Corey Nees

2000 Avenue P, Suite 3, West Palm Beach, FL 33404

Add

Remove

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

☐ Add
 ☐ Remove

☐ Add ☐ Remove

Signature of the authorized representative

Typed or printed name of signee

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