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PICK-UP	☐ WAIT	MAIL						
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Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 0 7 2014 T. CARTER

LC RAPROChange



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: October 24, 2014

Order#: 346490-018

Re: ECBM-VP, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Morgan Kennedy c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.		me of the limited liability company: ECBM	-VF, LLC		<u></u>		=	
2. (a)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		LENEXA K5 6621	9	<del></del>				
		07/16/2007			M070000	04235		
3.		Date of filing/registration in Florida	1	4.	•	Document number	er	-
5.	(a)	NRAI SERVICES, INC.						
٠.	(4)	Registered Agent and Registered Office shown on the	records of th	ne Florida	Dept. of State	e:		
		1200 SOUTH PINE ISLAND ROAD				_		
		Registered Office Address (MUST BE FLORIDA	STREET_A	DDRESS)			•	
		Plantation	, FL_	33324		-	14 OCT 27	SECRE TALLAH
	(b)	Corporation Service Company		··		_	27	ASS
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW l</u>	Registered (	Office add	ress:		70	YES THE
		1201 Hays Street					မှ မ	FLO
		NEW Registered Office Address:				_	36	ATE RIDA
			<u></u>			_		
		Tallahassee	, FL_	32301		<b></b>		
the age was the	cha ent v s/we arti	imited liability company is not organized und inge or changes are made, the Florida street avill be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the models of organization or the operating agreement of a member or authorized representative of a member of all statutes relative to the proper and desired agents of all statutes relative to the proper and desired agents.	ddress of limited lia tembers of the limited lia	the regist bility con the limi imited li Dona	tered office mpany, it is ted liabilit ability con a Priebe, A	e and the business s hereby confirme y company or as o npany.  Suthorized Person  Printed or typed nan	office of the d that the chattherwise pro	e registered ange(s) ovided in
the to i not	obl nere ified	by accept the appointment as registered agen ons of all statutes relative to the proper and a igations of my position as registered agent as ly reflect a change in the registered office ac I in writing of this change.	s providea ddress, I h	főr in Ĉ ereby co	haptěr 605 nfirm that	5, F.S. Or, if this a the limited liabilit	document is ty company h	being filed as been

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

BY:Grace E. Kirby, Asst. Vice President

Signature of Registered Agent Corporation Service Company