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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 : (561)508-5033 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE **ECOAIRE LLC**

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## 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. 1	Name of the limited liability company: ECOAIRE LLC	<u> </u>	
2. (a	4157 Seaboard Road	_ (b)	4157 Seaboard Road
`,	Principal office address of limited liability company:	_	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32808		Orlando, FL 32808
	<u>·</u>		
	08/09/2010		M10000003511
3.	Date of filing/registration in Florida	4,	Document number
5 /-	) CT CORPORATION SYSTEM		
٥. ره	Registered Agent and Registered Office shown on the records of the	he Florida Deut	of State:
	•		
	1200 SOUTH PINE ISLAND ROAD	DD DECC)	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(DUKE33)</u>	<b>2</b>
	DI ANTATIONI	22224	2022 HAR
	PLANTATION , FL	33324	
41			22 FA
(b)	Enter pame of NEW Registered Agent and/or NEW Registered	Office address:	
	Eller Date of MEA MERITELES When all Out AND A MERITELES	Office addiess.	
	United Agent Group Inc.		<del> 28</del>
	NEW Registered Office Address:		
	801 US Highway 1		
	North Palm Beach, FL_	33408	
	TTOTAL COLL DOGOL	30400	<del></del>
chang agent was/v	limited liability company is not organized under the law the or changes are made, the Florida street address of the re- will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	registered offi bility company the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Rachal Ocasch	Rachel	Joseph, Attorney- in- Fact
_	ature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p oligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	te to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
<i>Rac</i> Signa	Asl Ospan Rachel Joseph, Special Secretary of Rogistered Agent	etary	