Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE EUROPEAN CUSTOM BUILDERS OF FLORIDA, LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Division of	n Section Corporations				
	pean Custom Builders o	of Florida, LLC			
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam	:				
The enclosed Regis	stered Agent/Registered Offic	ce Change and f	ce(s) are submitted for filling.		
Picase return all co	rrespondence concerning this	s matter to the f	ollowing:		
Christian J. Her	nrich				
	Name of Person				
Woods Oviatt G	illman LLP				
	Firm/Company				
1900 Main Plac	e Tower				
	Address		_		
Buffalo, NY 142	202				
	City/State and Zip Code	, .	_		
chenrich@wood	dsoviatt.com				
E-mail addre	ss: (to be used for future annual	ual report notifi	cation)		
For further informa	ation concerning this matter,	please call:			
Jeffrey P. Gleas	on	716 at (248-3214		
Nz	une of Person		Area Code & Daytime Telephone Number		
Registration Division of Clifton Bu 2661 Exec	f Corporations	Reg Div P.O	ALING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314		
Enclosed i	s a check for the following	amount:			
□ \$25 Fili	ng Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18 (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.

1	Ma	me of the limited liability company:	European Custom Builders of Florida, LLC						
 Na (a) 		711 Park Avenue				ark Avenue			-
L.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 201		(b)				iny:	_
		Medina, NY 14103			Medina,	NY 14103			_
		May 2, 2014			mHOO	20003642			_
3.	(a)	Date of filing/registration in United Corporate Services, In		4.		Document number		• <u> </u>	
5. (a)	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9200 South Dadeland Blvd., Suite 508		Dept. of State	:		2015		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			1			MAR 13	<u>—11</u>
		Miami	, FL	3156			SEE.	3	FILED
(b)	Δì	John Irwin					FLO	و 55	
	\ -•	Enter name of NEW Registered Agent and 8297 Champions Gate NEW Registered Office Address: Suite 509	or NEW Registered Of	ffice puls	(ress:		ORIDA	59	
		Champions Gate		3896					
th ag	e cha cut v as/we e arti	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of the Florida limited liable of the members of the agreement of the lin	ic regis ility co the lim mited l	stered office impany, it is ited liability	and the business off shereby confirmed the y company or as othe apany.	fice of the re hat the changerwise provide	:gistere go(s)	edi
m	here rovisi e obi mer otifie	ture of a member of buthorized representative by accept the appointment as registe ions of all statules relative to the pro ligations of my position as registered ely reflect a change in the registered d in writing of this change. ure of Registered Agent		e to act erform for in (reby co	in this cape ance of my Chapter 605 Onfirm that	Printed or typed name o acity. I further agree duties, and I am famt , F.S. Or, if this doc the limited liability c	_	with the d accep ng file been	e ot d