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Division of Corporations

2017-05-04 15:09:03 EDT

1305101625 From: Maria Lopez Martinez

m1600000349S

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H170001232003)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HUNTON & WILLIAMS
Account Number : I20000000236
Phone : (305)810-2542
Fax Number : (305)810-2460

****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 AMND/RESTATE/CORRECT OR M/MG RESIGN
EC PALM RIDGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2017 MAY -4 PM 4:54
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

MAY - 5 2017

**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: EC PALM RIDGE LLC

Enter new principal office address, if applicable:

1456 Periwinkle Way

(Principal office address
MUST BE A STREET ADDRESS)

Suite B Box 293

Sanibel, FL 33957

Enter new mailing address, if applicable:

1456 Periwinkle Way

(Mailing address
MAY BE A POST OFFICE BOX)

Suite B Box 293

Sanibel, FL 33957

2. The Florida document number of this limited liability company is: M16000003495

3. Jurisdiction of its organization: Commonwealth of Virginia

4. Date authorized to do business in Florida: 04/29/2016

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

5. New name of the limited liability company: N/A
(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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

City, **Florida**

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

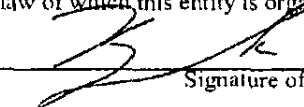
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

The amendment changes the address of the managers as indicated below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SZYMANCZYK, KYLE A.</u>	<u>1456 Periwinkle Way, Suite B Box 293, Sanibel, FL 33957</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>SZYMANCZYK, PETER J.</u>	<u>1456 Periwinkle Way, Suite B Box 293, Sanibel, FL 33957</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Kyle Szymanczyk

Typed or printed name of signee

Filing Fee: \$25.00

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