M1700000000953

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Fin/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: EC120B, LLC Ref. Number: M17000006952 concrete place mil

We have received your document for EC120B, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 319A00018138

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	EC120B, LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
TINA	GOFF						
	Name of Person						
Suns	hine State Corporate Compliance	Company					
	Firm/Company						
3458	LAKESHORE DRIVE						
	Address		<u> </u>				
TALL	AHASSEE, FL 32312						
	City/State and Zip Code		<u> </u>				
SUNS	SHINECORPORATE2014@GMAI	L.COM					
E	E-mail address: (to be used for future ann	ual report noti	fication)				
For fur	rther information concerning this matter,	please call:					
TINA	GOFF	850	656-4724				
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314				
	Enclosed is a check for the following	losed is a check for the following amount:					
	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				
INHS18	8 (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.

l.	Na	ime of the limited liability company: EC120B, LLC			
2.	(a)			(b)	
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		101 S. Ft. Lauderdale Beach Blvd #1704		101 S	. Ft. Lauderdale Beach Blvd #1704
		Ft. Lauderdale, FL 33316	- · -	Ft. La	uderdale, FL 33316
		AUGUST 14, 2017		M1700	0006952
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	SUNSHINE CORPORATE FILING OF FLORI	DA	, INC.	
	` '	Registered Agent and Registered Office shown on the records of the 3458 LAKESHORE DRIVE	e Flo	rida Dept. of S	State:
		Registered Office Address (MUST BE FLORIDA STREET AL	DRE	<u> </u>	
					5.7. 6
		TALLAHASSEE · , FL 3	231	2	— SEP TI
(b)	(b)	Sunshine State Corporate Compliance Compa	any		- w [m
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		NEW Registered Office Address:			—————————————————————————————————————
		Registered Office Address.			
			- 		
		, , .FL -			
		, , , , , , , , , , , , , , , , , , , ,			
the age was	cha nt w s/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	ne re fility the l	gistered off company, i imited liabi	Tice and the business office of the registered it is hereby confirmed that the change(s) littly company or as otherwise provided in
				•	A B. GOFF, REG. AGENT
S	gnat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
pro the to n	visi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ely reflect a change in the registered office address, I he I in writing of this change.	e to e erfoi for i reby	ict in this comance of mance of mance of money of the confirm the confirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been
Sig	natur	re of Registered Agent			