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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone : (302)674-4089

Fax Number : (302)674-5266

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

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REGISTERED AGENT CHANGE ECA TEMPLE TERRACE, CORP.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ECA TEMPLE TERRACE, CORP
2. The principal office address: 13041 W. Linebaugh Avenue, Tampa, FL 33626
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/16/2019 Document number: M19000005382
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chris Wild13041 W. Linebaugh AvenueTampa, FL 33626

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

NRAI Services, Inc.1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

7. The principal office address of the corporation and the street address of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Chris Wild Chris Wild, President
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

By: /s/ Tina Lipko
Signature of Registered Agent

11/17/2022

Date

If signing on behalf of an entity:

Tina Lipko, VP

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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