M20 00000 7696

		<u>.</u>				
(Requestor's Name)						
(Ad	dress)					
(Address)						
(Cit	y/State/Zip/Phone	e #)				
						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to						
opeoid: modeono to	· ······g ····························					

Office Use Only



600354105586

10/26/20--01019--004 **25.00

SHUM OF STATE
THE STATE
THE STATE
TO SHUM OF STATE

Booward

DEC 0 4 2020

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		·	
SUBJECT: EBACHE, LLC	Name of Limited	Liability Company	
	Name of Limited	главину Сопрану	
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the	e following:	
TERRY DUNCAN			
Name of Person	<u> </u>		
AMERILIFE			
Firm/Company		<u> </u>	
2650 MCCORMICK DRIVE STE 200S			
Address			
CLEARWATER, FL 33759			
City/State and Zip C	ode		
ENTITY@AMERILIFE.COM			
E-mail address: (to be used for futur	e annual report noti	fication)	
For further information concerning this m	atter, please call:		
TERRY DUNCAN	727 at (216-0859	
Name of Person		Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follo	wing amount:		
■ \$25 Filing Fee		☐ \$55 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. N	lame of the limited liability company: EBACHE, 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)
	34302 US HWY 19 N		2650 MCC	ORMICK DRIVE STE 200S
	PALM HARBOR, FL 34684		CLEARWA	ATER, FL 33759
	09/03/2020		M20000007	696
3.	Date of filing/registration in Florida	4.		Document number
5. (a	BACHE, ROBERT			
(u	Registered Agent and Registered Office shown on the records of	f the Flor	da Dept, of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET) 2226 HIGHWOOD COURT	'ADDRE	<u>SS)</u>	-
	DUNEDIN, FI	34698 L		-
(b)	R NATHAN HIGHTOWER ESO			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			28
				- 유
	NEW Registered Office Address:			9 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	2650 MCCORMICK DRIVE STE 200S		_	ဟ ခြုံး -
	CLEARWATER, F	L33759		_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members licles of organization or the operating agreement of the	e registe iability of of the li e limited	red office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of signee
provis the ob to men notifie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I ad in writing of this change.	ree to a perform of for in hereby	ct in this cape nance of my c Chapter 605 confirm that t	wity. I further agree to comply with the hutes, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signat	ure of Registered Agent			

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00