## P01000105175

(Re	questor's Name)	
(Ad	dress)	
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1. 100	u.coo;	
	····	
(Cit	y/State/Zip/Phone	∋ #}
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: ECKES ENTERPRISES INC. (Name of corporation)							
DOCUMENT NUMBER: PO 1000 105 175							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
STEPHANIE ECKES (Name of contact person)							
ECKES ENTERPRISES INC =  (Firm/Company)							
1020 RAINBOW CT (Address)							
BRRDENTON FL 34212- (City/state and zip code)							
For further information concerning this matter, please call:							
TEPHANIE ECKES at (941) 545-5453 (cell) (Name of contact person) (Area code & daytime telephone number)							

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of cha	nge is submitted f	ions 607.0502, 61' for a corporation o	organized under	the laws	of the State	of FL	this	
in order	r to change its reg	gistered office or r	egistered agent,	or both, i	n the State o	of Florida.		
1. The name of t	he corporation:	ECKES I	ENTERPRI	ses.	INC			
2. The principal	office address:	1020 R	4/NBOW	CT		· · · · · · · · · · · · · · · · · · ·		_
	<u> </u>	BRADENTO	NAC	34	21)_	-		
3. The mailing a	ddress (if differen	nt):	<u> </u>					
4. Date of incorp	ooration/qualificat	tion: 10/29/	<i>&gt;00 (</i> Doc	ument nun	mber	01000	105175	
		the current registe	ered agent and re	egistered o	office on file	with the		
Florida Depar	tment of State:		IE EC				• • •	<u>.</u> .
	ECH	KES ENTE	ERPRISE	1 / N	<i>/</i>	<del></del>	=	
	99	157 Law	elValle	4 AV	Cir		PA 40	_
	B	raden to	CFC 3	5420			SECRETAR JVISION OF C	-
							FARE CARE	
<ol><li>6. The name and (if changed):</li></ol>	l street address of	the new registered	iagent (if chang	ged) and /c	or registered	office		
(it dianget).	;	STEPHAN	IE Ect	25		- 	9: 1	
	EC	KES ENT	ERPRIS	€S ?	INC	<del></del>	39 TENES	
	10	20 RA1	NBOW	C7		 		
		(P.O. Box NOT acc	eptable)					
	BR	ADENTOR	) FL	<u> 34.</u>	517		-	2.
The street addre	ess of its registere be identical.	ed office and the s	street address of	f the busin	ness office	of its registe	ered agent,	
Such change wa	as authorized by a	resolution duly ac orporation has be	topted by its bo	ard of dir	ectors or by	an officer	so	
Λ							_	
Signatu	we of an officer or direct	nor)		(Frunce)	or typed name	and title)	S PRESID	)er
l hereby accept I further agree to of my duties, an document is bein corporation has	the appointment to comply with th d I am familiar w ng filed merely to s been notified in	as registered age he provisions of al with and accept th o reflect a change writing of this ch	mt and agree to ill statutes relati e obligation of in the register ange.	o act in thi ive to the i my position ed office d	is capacity. proper and on as regisi address, I h	complete pe tered agent. ereby confir	erformance Or, if this m that the	
NA	mature of Registered A	cent)			(Date)		*****	<b>-</b> +
	-	- '			(1000)			
If signing on be	half of an entity:							

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

(Typed or Printed Name)