## Florida Department of State Division of Corporations

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(((H12000254726 3)))



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## REGISTERED AGENT CHANGE

#### ECS PROPERTY MANAGEMENT INC

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# H12000254726

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

statement of change is s	submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA cred agent, or both, in the State of Florida.
	poration: ECS PROPERTY	
1. The name of the corp	poration: 2001 NOI 28 ST	REET MIAMI ELORIDA 33186
2. The principal office address: 13420 SW 128 STREET, MIAMI, FLORIDA 33186		
3. The mailing address	(if different):	
4. Date of incorporation	on/qualification; 5/15/201	2 Document number: P12000045527
5. The name and street		gent and registered office on file with the
GLE	ENN DUNLEAVY , Res	iguad.
13420 SW 128 STREET PS		
MIA	MI, FLORIDA 33186	ET 2
6. The name and street (if changed):	t address of the new registered age	mt (if changed) and /or registered office
KE	VIN McDONALD	LORA 27
13420 SW 128 STREET		
	P.O. Box NO.	Tacceptable
<del></del>	AMI, FLORÍDA 33186	
The street address of as changed will be ide	its registered office and the street	address of the business office of its registered agent,
Such change was auti	ported by resolution duly adopte and, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.
		KEVIN McDONALD, DP
· Property of the same	A Services or discussion	France of typed name and hile
I hereby accommon a I further agree to com- performants by myful agent. Green that it hereby constructions	appointment as registered agent as moly with the provisions of all sta haties, and I am familiar with and cament is being filed merely to rej the corporation has been notified	nd agree to act in this capacity. the strength to the proper and complete accept the obligation of my position as registered elect a change in the registered office address, I in writing of this change.
	′ / }	OCTOBER 8, 2012
100/	of Registrated Agent	Dete
If signing on behalf of an entity:		
Typed or	w Printed Name	
* * * FILING FEE: \$35.00 * * *		
MAIL TO CR2E045 (03/12)	Make checks payable to FL 10: Division of Corporations, I	ORIDA DEPARTMENT OF STATE P.O. Box 6327, Tallahassee, FL 32314
	H120002	2537.2 <b>6</b>