

P12 0000 96022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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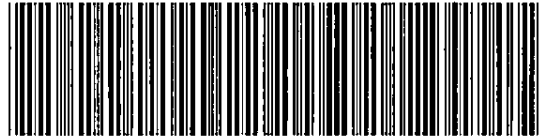
(Business Entity Name)

(Document Number)

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03/19/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELCOMPLUS INC
Name of Corporation

DOCUMENT NUMBER: P12000096022

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:

Elena Bayanova-Sanford

Name of Contact Person

IACA LCC

Firm/Company

543 Kirkham Lane

Address

League City , TX, 77573

City/State and Zip Code

elenabayanova@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Bayanova

Name of Contact Person

at (206)

355-7398

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Elcomplus Inc

2. The principal office address: 290 NW 165th Street, Suite P200
Miami, FL 33169

3. The mailing address (if different): 543 Kirkham Lane, League City, TX 77573

4. Date of incorporation/qualification: 11/20/2012 Document number: P12000096022

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)

Silva, Aline B

90 NW 165th Street, Suite # P-800A

Miami, FL 33169

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

Silva, Aline B

290 NW 165th Street, Suite P200

P.O. Box NOT acceptable

Miami, FL 33169

The street address of its registered office and the street address of the business office 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.

McFalls

Signature of an officer or director

3/15/2004
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.

Aline Silva
Signature of Registered Agent

3/15/2024

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)