

P170000101793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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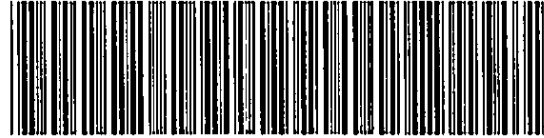
(Business Entity Name)

(Document Number)

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JAN 24 2018

18 JAN 23 PM 2:56
FILED
JAN 24 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECOHEN SERVICES INC.

Name of Corporation

DOCUMENT NUMBER: P17000101793

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:

ANNA MANUKYAN

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

10601 CLARENCE DR. STE. 250

Address

FRISCO, TX 75033

City/State and Zip Code

edencoh1@gmail.com

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

For further information concerning this matter, please call:

ANNA MANUKYAN

Name of Contact Person

at (844) 386-0178

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: ECOHEN SERVICES INC.
2. The principal office address: 4200 COMMUNITY DRIVE #2201, WEST PALM BEACH, FL 33409
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/29/2017 Document number: P17000101793
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)

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

FORT MEYERS, FL 33907

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

EDEN COHEN

4200 COMMUNITY DRIVE #2201

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

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.

E Cohen

Signature of an officer or director

EDEN COHEN

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.

E Cohen

Signature of Registered Agent

1/10/2018

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 (03/12)