

P18000 19797

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ERCOMED

Name of Corporation

**DOCUMENT NUMBER:** P18000019797

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:

Eric Cohill

Name of Contact Person

ERCOMED

Firm/Company

828 Cape View Drive

Address

Fort Myers, FL 33919

City/State and Zip Code

ecohill828@gmail.com ✓

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

For further information concerning this matter, please call:

Eric Cohill

Name of Contact Person

at ( 239 ) 272-7704

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: ERCOMED INC
2. The principal office address: 828 Cape View Drive  
Fort Myers, FL 33919
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/28/2018 Document number: P18000019797
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)

LEGAL CORP SOLUTIONS, LLC  
3440 W Hollywood Blvd Ste 415  
Hollywood Florida 33021

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

Eric Cohill

828 Cape View Drive

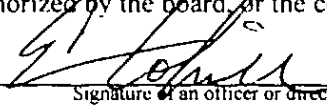
P.O. Box NOT acceptable

Fort Myers, Florida 33919

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STATE DEPT. OF CORP.

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

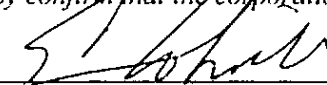
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Eric Cohill, P

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.*

  
Signature of Registered Agent

03/03/18

Date

If signing on behalf of an entity:

ERCOMED

Typed or Printed Name

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