L13000124013

. (Re	equestor's Name)
(Ad	ddress)	
(Ad	ddress)	
(C	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	ame)
(D	ocument Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions to Filing Officer:		

Office Use Only



300279388663

11/30/15--01024--015 **35.00

PILED 2015 DEC 28 P 5: 29 2015 TARY OF STATE

DEC 28 2015

3 MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2015

ANGELA LETOURNEAU 3601 NE 17TH AVENUE OAKLAND PARK, FL 33334

SUBJECT: ELEPHANTE & CO, LLC

Ref. Number: L13000124013

We have received your document for ELEPHANTE & CO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00025344

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elephante 3 Co LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Letourean Name of Person
Elephante 3 Co LLC. Firm/Company
3601 NE 17+ PW
Oakland Park, Fr 33334 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Page Leto where at (612) 364 2649 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy already Submittee
INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

r tortuu.	
1. Nar	ne of the limited liability company: Elephante 3 CO LLC
2. (a) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oakland Park, &
	33334
	9/3/2013 L 13000 124013
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	talla hassee
	T 32301 5 5
(b) .	Andrew Letourneau SE & I
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	BLOW NE 17th And
	NEW Registered Office Address:
	Oakland Park, FL 33334
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the classical street of the limited liability company.
X	tack Jern Harden Angela Letour near
	if of a figure of authorized representative of a member
I hereb provision the oblit to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in whiting of this thange.
Signatur	e of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00