## F2200000 1012

(Re	equestor's Name	e)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Pho	one #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	er)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		J. HORNE MAY - 6 2024

Office Use Only



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2024 APR 18 PH 4: 5:

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: LINDOR ELITE, INC. Name of Corporation	<del></del>
•	
DOCUMENT NUMBER: F22000007072	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
McKinley Lindor	
Name of Contact Person	
LINDOR ELITE, INC.	
Firm/Company	
1718 CAPITOL AVE	
Address	
CHEYENNE, WY 82001	
City/State and Zip Code	
admin@lindorelite.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Wesley T. Dunaway, Esq.	at (407 ) 603-6652  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
A desired and a second second	Tallahassee, FL 32303

CR2E045 (04/13)

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

rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attement of change is submitted for a corporation organized under the laws of the State of WYOMING in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: LINDOR ELITE, INC.
The principal office address:
The mailing address (if different):
Date of incorporation/qualification: 11/14/2022 Document number: F22000007072
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)
KOVAR LAW GROUP
60 N COURT AVE STE 300
ORLANDO, FL 32801
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
P.O. Box NOT acceptable
Orlando, FL 32801
the street address of its registered office and the street address of the business office of its registered agent, is changed will be identical.  Signature of an officer or director  Signature of an officer or director  Printed or typed name and title  hereby accept the appointment as registered agent and agree to act in this capacity.
Signature of an officer or director Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity.  further agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this occument is being filed merely to reflect a change in the registered office address. I nereby confirm that the proporation has been notified in writing of this change.
W- JJ Date / Date / Date /
signing on behalf of an entity:
Nesley T. Dunaway, Esq., Kovar Law Group
* * * 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)