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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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12/16/10--01009--022 **25.00

2010 DEC 16 PH 12: 16

J. SAULSBERRY EXAMINER

DEC 17 2010

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		. Elite Advisors, LLC imited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning t	this matter to the following:	
	Junwei Du		
	Name of Person		
	J. W. Elite Advisors, LLC Firm/Company		201
	340 W. Palmetto Park Rd., #50 Address	02 ARSSE	9 DEC 16
	Boca Raton, FL 33432 City/State and Zip Code		PH 12: 16
E-	junwdu@yahoo.com mail address: (to be used for future annual report no	otification)	
For fu	rther information concerning this matte	r, please call:	
	Junwei Du Name of Person	at (561) 847-0878 Area Code & Daytime Telephone Number	
	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	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608,416 or 608.508, 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.

Name of the limited liability company:	J. W	. Elite Adviso	rs, LLC			
2. (a) Principal office address of limited liability comp	any:	340 W. Pal	metto Par	k Rd.,	#502	
(Note: MUST BE STREET ADDRESS)	Boo	a Raton, FL 334	432			
(b) Mailing address of limited liability company:		340 W. Palm	netto Park	Rd., #	502	
(Note: MAY BE POST OFFICE BOX)	Boo	a Raton, FL 334	432			
12/21/2004		L04000	0091990			
3. Date of filing/registration in Florida	4. Do	ocument number				
5. (a) Registered Agent and Registered Office shown	on the re	cords of the Flori	da Dept. of	f State:		
Registered Agent:	<u>Jun</u>	wei Du				
Registered Office Address:	603 Boc	1 Town Colony a Raton, FL 334	Dr., #112 133			
(b) Enter name of NEW Registered Agent and/or N	EW Re	gistered Office a	<u>ddress</u> :			
NEW Registered Agent:	<u>Jun</u>	wei Du				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		340 W. Palmetto Park Rd., #502				
	Вос	a Raton	,FI	_ <u>33432</u>	2	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Junwei Du Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d aoree 1	o act in this cana	NEWAY OF SCHOOLS	DEC 16 PH 125	property to	
Signature of Registered Agent						