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SECKE IARY OF STATE ALLAHASSEE FLORID

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	BJECT: Elam Investors, LLC Name of Limited Liability Company			
	Name of El	minted L	Cability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Of	ffice Ch	ange and fee(s) are submitted for	or filing.
Please	return all correspondence concerning t	his matt	ter to the following:	
	Frank P. Ripa	_ ·		
	Name of Person			
	Ripa & Associates			
	Firm/Company			
	1409 Tech Boulevard, Suite	1		
	Address	<u>. </u>		
	Tampa FL 33619			
	City/State and Zip Code	,		
	fripa@ripatampa.com -mail address: (to be used for future annual report no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Е	-mail address; (to be used for future annual report no	itification)		
For fu	rther information concerning this matte	r, please	e call:	
	Douglas C. Roland, Esq.	at (813) 223-3888	
	Name of Person	. at (Area Code & Daytime Telephone I	
			MAILING ADDRESS.	
	STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	g amou	nt:	
	\$25 Filing Fee	Γ	\$55 Filing Fee & Certified C	Сору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR 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.

1. Name of the limited liability company:	Elam Investors, LLC
2. (a) Principal office address of limited liability co	ompany:
(Note: MUST BE STREET ADDRESS)	1 Tech Boulevard, Suite 1 Tampa FL 33619
(b) Mailing address of limited liability company	•
(Note: MAY BE POST OFFICE BOX)	SAME AS PRINCIPAL ADDRESS
August 26, 2005	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	W. Parkinson Myers
Registered Office Address:	3340 Crenshaw Lake Road Lutz FL 33548
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address:
NEW Registered Agent:	Frank P. Ripa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1 Tech Boulevard, Suite 1
	Tampa ,FL <u>33619</u>
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability co	t, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization impany.
Signature of a member or authorized representative of a member	
Frank P. Ripa Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.
Digital of Registered Agests	

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