## L'06000053993

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





000271094040

03/27/15--01017--019 \*\*25.00

SECRETARY OF SAIL

1,45



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/011

Re: ELLIOTT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

1.	Na	me of the limited liability company: ELLIOTT LLC		
2.	(a)	7995 Mahogany Run Lane	(b)	7995 Mahogany Run Lane
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Naples FL 34113		Naples, FL 34113
		05/24/2006		L06000053993
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	William G. Morris		
	(4)	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:
		247 N COLLIER BLVD, Suite 202		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Marco Island , FL	34145	SECRET
	43	Corneration Service Company		27 SEE
D. CAUCHA I. A. L. A. L. A. L. A. L. A. L. A. C. A. L. A. C.				
				<u> </u>
		1201 Hays Street		2 編
		NEW Registered Office Address:		
		Tallahassee , FL	, 32301	
th ag w th	e cha gent v as/we e arti	hy accept the appointment as registered agent and ag	the regist ability corof the limited linited line	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  a Priebe, Authorized Person  Printed or typed name of signce  in this canacity. I further agree to comply with the
th to	ovisi e obl mere	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	performa d for in C hereby co	nce of mŷ duties, ánd l am familiar with ánd accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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

Signature O Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President