## LD8000033538

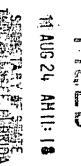
(Requestor's Name)				
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(City/State/Zip/Phone #	40			
(City/State/Zip/Phone #	<del>†</del> )			
PICK-UP WAIT	MAIL.			
	<del></del>			
(Business Entity Name	<del>?</del> )			
(Document Number)				
Certified Copies Certificates of	of Status			
Special Instructions to Filing Officer:				
Special instructions to Filing Officer:				
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L. SELLERS				
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Office Use Only



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## **CÖVER LETTER**

TO:	Registration Section Division of Corporations		
CLIDA	e Com	Protoc	tivo Sontions II C
SUBJECT: Elite Protective Services, LLC  Name of Limited Liability Company			
	Name of	Limite	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office (	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this m	atter to the following:
Jeffrey Troy Wynn			
	Name of Person		<del> </del>
·	Elite Protective Services		<del></del>
	Firm/Company		
	6125 Matrowest Blvd #10	<b>)</b>	
6125 Metrowest Blvd #102 Address			
	Orlando Florida 32825		
Orlando, Florida 32825  City/State and Zip Code			
E-n	eliteprotectivesrvs@gmail.co	om notificatio	on)
For fur	ther information concerning this mat	ter, ple	ase call:
	Jeffrey Troy Wynn	at (	407 ) 409-5968
	Name of Person	_ ai (_	Area Code & Daytime Telephone Number
	CTREET/COURSE A PROCES		MANUELO ADDRECO.
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section 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	ng amo	ount:
	\$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.

1. Name of the limited liability company:	Elite Protective Services, LLC		
2. (a) Principal office address of limited liability	y company:		
(Note: MUST BE STREET ADDRESS	) 3001 Aloma Ave Winter Park, Florida 32792		
(b) Mailing address of limited liability compa	any:		
(Note: MAY BE POST OFFICE BOX)	3001 Aloma Ave Winter Park, Florida 32792		
August 19, 2011	L08000033538		
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 Agent:	Jeffrey Troy Wynn		
Registered Office Address:	1025 S. SEMORAN BLVD., SUITE 1093 Winter Park, Florida 32792		
(b) Enter name of <u>NEW Registered Agent</u> as <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:			
(MUST BE FLORIDA STREET ADDR)	ESS) 3001 Aloma Ave Winter Park ,FL32792		
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.  Signature of a member of authorized representative of a member Jeffrey Troy Wynn  Printed or typed name of signee	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative voter or as otherwise provided in the articles of organization company.		
Signature of Registored Agent	<del></del>		
/ // // Division of Cornerations, P.C	D. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (05/08)