L08000037638

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T. HAMPTON

OCT - 6 2008

EXAMINER

COVER LETTER

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TO: Registration Section

INHS18 (5/08)

	Division of Corporations					
SUBJ	JBJECT: Eligere Strategies, LLC (Name of Limited Liability Company)					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered (Office	Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning	this n	natter to th	ne following:		
Tim Bu						
	(Name of Person)					
Eligere	Strategies, LLC					
	(Firm/Company)		٠,			
	The state of the state of the state of the	V1 + 1	**			
5036 E	Damson Court (Address)			-		
	, (,					
Orland	do, FL 32821					
	(City/State and Zip Code)					
For fu	rther information concerning this matt	ter, ple	ease call:			
Tim B		_ at (_) 438-1888		
	(Name of Person)		(Area Co	ode & Daytime Telephone Number)		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
. J.	Enclosed is a check for the following 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.

1. Name of the limited liability company: Eligere St	rategies, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 4830 Riverside Drive Melbourne, FL 39235
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5036 Damson Court Orlando, FL 32821
04/14/2008 3. Date of filing/registration in Florida	<u>L08000037638</u> 4. Document number
5. (a) Registered Agent and Registered Office shown o	
Registered Agent:	Garrett W. Pomichter
Registered Office Address:	2122 Foxwood DR Melbourne, Fl. 32935
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Timothy P. Buckley
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5036 Damson Court
	Orlando,FL_32821
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability sombany. (Signature of a member or authorized representative of a member)	reet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Matt DuPree (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 pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notificated.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ied in writing of this change.
(Signature of Registered Leent) Division of Corporations, P.O. Bo FILING FE	