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

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ELITE PROPERTY INSPEC (Name of Lin	CTIONS & IMAGING, LLC imited Liability Company)	Ħ
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Gail Gagliardi, Legal Assistant (Name of Person)	SECRETARY I	TILL
Carter & Lyons, P.A. (Firm/Company)		PR [
(c.m. company)	FLOR	PM 2: 59
5308 Spring Hill Drive		99
(Address)		
Spring Hill, FL 34606		
(City/State and Zip Code)		
For further information concerning this matter, ple	please call:	
Gail Gagliardi, Legal Assistant at ((352) 686-6278 x25	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: 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 am	mount:	
	☐ \$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: <u>ELITE PRO</u>	PERTY INSPECTIONS & IMAGING, LL
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 5455 Spring Hill Drive Spring Hill, FL 34606
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5455 Spring Hill Drive Spring Hill, FL 34606
05/06/08	L08000045224-1/1
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 the:
Registered Agent:	MARILYN PEARSON-ADAMS
Registered Office Address:	5455 Spring Hill Drive Spring Hill, FL 34606
•	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	JOHN BOTTO
NEW Registered Office Address: (NUST BE FLORIDA STREET ADDRESS)	3239 Rocky Avenue Spring Hill, FL 34609
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signiture of a member or authorized representative of a member) JOHN BOTTO (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proposition of the provision of the obligations of the provision of the obligation of the provision of the obligation of the provision of the obligation of the provision of the pro	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the limited of organization or the operating agreement of the limited of li
(Signature of Registered Agent)	

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