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(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	900279315769
Business Entity Name)	11/23/1501017012 **25.00
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COVER LETTER

TO: **Registration Section Division of Corporations**

Florida Elite Grap, L Name of Limited Liability Company **SUBJECT:**

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person Florida Elite Grap, LLC. Firm/Company FOI Biscayne Blud #403 Aventura, FL 33180 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vame of Person at (305) 538-6140 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 amount:

🕽 \$25 Filing Fee INHS18 (2/14)

□ \$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 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. Name of the limited liability company: Florida	Elite Group, LLC.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
20801 Biscayne Blvd #403 Aventura, FL.33180	Aventura, FL. 33180
3. Date of filing/registration in Florida 4. $1 = 1$	L08000051340
5. (a) Marily Herrardez Registered Agent and Registered Office shown on the records of the Florida	a Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS	
(b), FL,	dress:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u>	
Aventura , FL 33	180
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regi agent will be identical. Or, in the case of a Florida limited liability co was/were authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the limited by the strength of the strength of the limited by the strength of the strength of the limited by the strength of the strength of the strength of the limited by the strength of the strength of the strength of the limited by the strength of the	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to acc provisions of all statutes relative to the proper and complete perform the obligations of my position as registered agent as provided for in (to merely reflect a change in the registered office address, I hereby c notified in writing of this change.	Printed or typed name of signce t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signature of Registered Agent Division of Corporations• P.O. Box 632'	7• Tallahassee, FL 32314

FILING FEE: \$25.00

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