LD8000117612

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP . WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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J. SAULSBERRY EXAMINER

DEC 13 2012



ACCOUNT NO.	: 12000000195									
REFERENCE	: 447886 7727840									
AUTHORIZATION	: Spulleleman	<u> </u>								
COST LIMIT	: \$ 25.00									
ORDER DATE : December 6, 2012										
ORDER TIME : 12:21 PM										
ORDER NO. : 447886-002										
CUSTOMER NO: 7727840										
CHANGE OF AGENT										
NAME: ELITE LINE SERVICES LLC NAME: ELITE LINE SERVICES LLC										
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	F OF STA								
CERTIFIED COPY XX PLAIN STAMPED COPY		alle Riba								
CONTACT PERSON: Becky Peirce -	EXT# 52919 EXAMINER:									

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.	Nai	me of the limited lial	bility company:	ELITE LINE S	ERVICES, LLC		_
2.	(a)	Principal office add (Note: MUST BE	ress of limited li	ability company RESS)	476 Southridge Industri Tavares, FL 32778-911	al Drive	
	(b)	Mailing address of (Note: MAY BE I			476 Southridge Industri Tavares, FL 32778-911		
1	2/30	/2008			L08000117612		_
3. Date of filing/registration in Florida			4	4. Document number			
5.	(a)	Registered Agent a Registered Agent: Registered Office A	_	ffice shown on th	NRAI Services, Inc. 515 E. Park Avenue Tallahassee, FL 32301 U	2912 DEC SECRETA ALL AHAS	- - - -
	(b)				Registered Office add	OF STATE FLORID	
		NEW Registered A	gent:		Corporation Service Con	npany	
		NEW Registered Office Address:		1201 Hays Street		_	
(MUST BE FLORIDA STREET ADDRESS)		<u>UDRESS)</u>	Tallahassee	,FL 32301	_		
If t	he li	imited liability comp er the change or cha	oany is not organ nges are made, tl	ized under the la he Florida street	ws of the State of Florida address of the registered	a, it is hereby confi- office and the busi	rmed ness

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Maureen Cathell, Authorized Person (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registerell Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President

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