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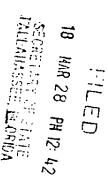
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Elite Resorts Managers LLC Name of Limited Liability Company			
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:			
Eduard Mayer Name of Person			
Flite Resorts Managers Firm/Company			
14100 N Hwy 19, Suite A			
Salt Springs, FC 32134 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ed Mayer at (352) 685. 1900 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Basistentian Section Registentian Section			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

🗴 \$25 Filing Fee

INHS18 (2/14)

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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.

ı.	Na	me of the limited liability company: Elite Resorts Managers LC
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5.	(a)	Date of filing/registration in Florida Skates Teffrey Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1028 Lake Sumter Landing Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	(b)	The Villages, FL 32/62 Eduard Mayer Enter name of NEW Registered Agent add/or NEW Registered Office address: 14100 N Highway 19, Suite A NEW Registered Office Address:
the age wa	cha ent v s/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
III pro	iigna nere oviș obi	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
/Sin	gnati	ire of Registered Agent

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