## L100000 9675C

(Re	questor's Name)		
(Add	dress)	1310	
(Ada	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





000279315750

11/23/15--01017--013 \*\*25.00



NOV 2 4 2015 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: FL. E1:4	lame 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:			
Marilyo Hernande Name of Person	22		
FI. Elite Bealty Firm/Company	LLC.		
20801 Biscayne Blvd #403 Address			
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:			
Marilyn Henandez Name 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	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

. Na	ime of the limited liability company: FI. EI: te Rec	alty, LLC.
. (a) <sub>.</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	20801 Biscayne Blud #403	20801 Biscappe Bl
		e 403, Aventura, FL.33
. (a)	Date of filing/registration in Florida 4.	Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	15 NOI SECRE TALLAH
(b)	, FL	23 PH IZ:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  OSOI BISCAYOE BIVE  NEW Registered Office Address:	- Se
	Suite 403 Aventura , FL 33180	
e char gent w as/we	imited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liability companization or the operating agreement of the limited liability company.	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
hereb rovisio ne obli mere	ture of a member of authorized expresentative of a member by accept the appointment as registered agent and agree to act in this cal ons of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	Printed or typed name of signee pacity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been