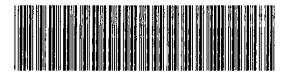
11000030614

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
, ,		
Certified Copies · Certificates of Status		
Special Instructions to Filing Officer:		
. OFLIEDS		
L. SELLERS		
MAY - 5 2011		
,		
EXAMINER		

Office Use Only



100206939811

05/02/11--01029--002 **25.00

SECRETARY OF STATE

MAY -2 PH 12: 48

COVER LETTER

TO: Registration Section Division of Corporations		
	LVI LLC d Liability Company	
	a Elacinity 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:		
VICTOR A. CASTRO Name of Person		
Name of February		
FIVI IIC		
Firm/Company		
2812 SOUTH PORTOFINO ROAD		
Address		
SAINT AUGUSTINE FL 32092		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, plea	ase call:	
To running this matter, pre-		
VICTOR A CASTRO	24.4224	
VICTOR A. CASTRO at (at (904) 3142331 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	unt.	
Enclosed is a check for the following amo		
\$25 Filing Fee	\$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.

Name of the limited liability company:	ELVI LLC
2. (a) Principal office address of limited liability compan	y: <u>2812 SOUTH PORTOFINO ROA</u> D
(Note: MUST BE STREET ADDRESS)	SAINT AUGUSTINE FL 32092
(b) Mailing address of limited liability company:	2812 SOUTH PORTOFINO ROAD
(Note: MAY BE POST OFFICE BOX)	SAINT AUGUSTINE FL 32092
03/14/2011 3. Date of filing/registration in Florida	<u>L11000030614</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents INC
Registered Office Address:	13302 WINDING OAK COURT SUITE A TAMPA FL 33612 US
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	VICTOR A. CASTRO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2812 SOUTH PORTOFINO ROAD SAINT AUGUSTINE .FL 32092
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 province of a member and I am familiar with and accept the obligations of my positions. I hereby confirm that the timiled liability company	was/were authorized by a fair mative vote rwise provided in the articles of organization with the articles of organization with the strict of

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

Signature of Registered Agent