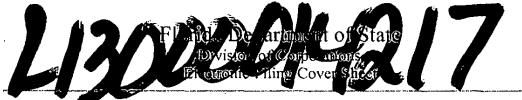
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003202403)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023 (614) 280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC REGISTERED AGENT CHANGE ELION REAL ESTATE PARTNERS LLC

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D. BRUCE JAN 0 4 2017

## COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT	Γ:			
	Nan	ne of Limited Liability Company		
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please retu	urn all correspondence concerning th	is matter to the following:		
	Name of Person	·		
	Firm/Company			
		· 	29.11 ALI	energy.
	Address		2017 JAN TALLAHASS	ا سین سیخ
		···	SSE -3	7
	City/State and Zip Code		E P	Ċ
E-m	ail address: (to be used for future and	nual report notification)	3 28 INTE ORIDI	
For furthe	er information concerning this matter	, please call:	<b>P</b>	
		at ()		
	Name of Person	at () Area Code & Daytime Telepl	hone Number	
	TREET/COURIER ADDRESS:	MAILING ADDRESS:		
	egistration Section	Registration Section		
	ivision of Corporations lifton Building	Division of Corporations P.O. Box 6327		
26	661 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314		
E	nclosed is a check for the following	g amount:		
·	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INIIS18 (2	Ú14)			

## 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.

. (a)	Principal office address of limited liability company:	(b).	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)
	Same		Same
	01/28/2013	L	.13000014217
	Date of filing/registration in Florida	4.	Document number
. (a	KLEIN, TED		
	Registered Agent and Registered Office shown on the records of	t the Florida F	Dept. of State:
	Registered Office Address	ADDRESS)	
	8030 PETERS RD SUITE D-104		
	PLANTATION , FI	33324	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		1 C2 N. II
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	755 Z Z Z
	C T Corporation System		SE W
	NEW Registered Office Address:		F ST FLO
	1200 South Pine Island Road		
	Plantation, Fl	L 33324	
ac ch	limited liability company is not organized under the la	ws of the S	ered office and the business office of the register
īas/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the limit	ted liability company or as otherwise provided in
	Jamila Woods	Jamila	n Woods
	ature of a member or authorized representative of a member		Printed or typed name of signce
her	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid refy reflect a change in the registered office address, f	gree to act i e performa lsu for in Cl	in this capacity. I further agree to comply with ti nce of my duties, and I am familiar with and acco namer 605, F.S. Or, if this document is being fil

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