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#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT:

Elite Group Holdings 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:

## Christopher V Lamb

Name of Person

#### Elite Group Holdings LLC

Firm/Company

## 2975 Bee Ridge Road

Address

#### Sarasota FL 34239

City/State and Zip Code

## christolamb@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Christopher V Lamb

...941

225 1148

Name of Person

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

OIL JAN 27 PH 3 5

INHS18 (12/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.	Nar	ne of the limited liability company:	Elite Group Holdings LLC	:			
2.	(a)	Principal office address of limited li (Note: MUST BE STREET ADD)	621 B Golden Gate Point Sarasota FL 34236				
	(b)	o) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		621 B Golden Gate Point Sarasota FL 34236			
May 20 2013/May 18 2013				L13000073188			
3.	Dat	e of filing/registration in Florida	4	. Document number	er		
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:		Scarlatelli P.A.	<del> i</del>		
		Registered Office Address:		777 S Palm Ave		2014	
		5		Sarasota	25	<u>5</u>	
				FL 34246	75.7	≥ 2	
	(b)	Enter name of <u>NEW Registered Ag</u> <u>NEW</u> Registered Agent:	gent and/or <u>NEW</u>	Registered Office	1407. 1715.	7 PH 3 5	
		NEW Registered Office Address: (MUST BE FLORIDA STREET AL	(DDRESS)	2975 Bee Ridge Road	DIT!	Ŧ.	
				Sarasota	,l	FL_34239	9
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							
Ch	ristoph	er V Lamb					
Pr	inted	or typed name of signee	<del></del>	•			
I co an Cl	here mply d I d japte dres	by accept the appointment as registe with the provisions of all statules re im familiar with and accept the oblig er 605, F.S. Or, if this document is b s, I hereby confirm that the limited li	red agent and ag elative to the pro- fations of my pos- eing filed to mer iability company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I fun erformance a igent as pro in the regis i writing of t	ther a of my o vided tered o this ch	gree to duties, for in office ange.

Signature of Registered Agent