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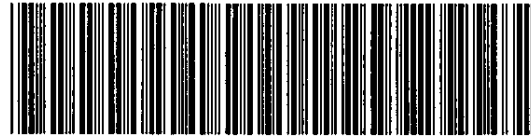
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name of Person

at (941) 225 1148

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

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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.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Scarlatelli P.A.

777 S Palm Ave

Sarasota

FL 34246

- NEW** Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2975 Bee Ridge Road

Sarasota

FL 34239

Signature of a member or authorized representative of a member

Christopher V Lamb

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00