

L17000811819

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

Elite Gladiators Football Camps LLC

SUBJECT: _____
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:

Alexandria Y Bromell

Name of Person

Firm/Company

14065 Hwy 20

Address

Niceville, FL 32578

City/State and Zip Code

alexandriabromell@yahoo.com

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

For further information concerning this matter, please call:

Alexandria Bromell at (**850**) **687-1572**
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

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.

Elite Gladiators Football Camps LLC

1. Name of the limited liability company: _____

2. (a) Principal office address of limited liability company: 14065 State Hwy 20
Niceville, FL 32578
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: P.O. Box 5381
Niceville, FL 32578
(Note: MAY BE POST OFFICE BOX)

8/7/2013

3. Date of filing/registration in Florida _____

4. Document number L13000111819

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

Registered Agent: Alexandria Bromell

Registered Office Address: 250 Parkwood Circle
Niceville, FL 32578

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Alexandria Bromell

NEW Registered Office Address: 14065 Hwy 20
(MUST BE FLORIDA STREET ADDRESS) Niceville, FL 32578

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.

Alexandria Y. Bromell
Signature of a member or authorized representative of a member

Alexandria Y. Bromell
Printed or typed name of signer

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.

Alexandria Y. Bromell
Signature of Registered Agent

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