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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	Elmore F	Holdings LL	С			
SUDI	UBJECT: Name of Limited Liability Company					
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered Off	ĩce Change a	nd fee(s) are submitted for filing.			
Pleas	e return all correspondence concerning th	is matter to the	he following:			
Walt	er Elmore					
	Name of Person					
	Firm/Company					
2861	1 Leonard Dr. F209					
	Address					
Aver	ntura FL 33160					
	City/State and Zip Code					
walte	622@bellsouth.net					
	E-mail address: (to be used for future ann	nual report no	otification)			
For fi	urther information concerning this matter	, please call:				
Walt	er Elmore	786	707-8254			
	Name of Person	ar (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	g amount:				
	2 \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

TO:

- 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.

1. Na	ame of the limited liability company: Elmore Holding	ngs LLC.		
2. (a)	11100 NW 44 Terrace Doral FL33178	28	861 Leonard Dr.F209 Aventurs F	-L33160
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE E	
	August 25, 2014	L14	4000133053	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Corporate Creations Network Inc.			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	ot, of State:	
	1130 Prosperity Farm Road #221E		E St. 1	
	Registered Office Address (MUST BE FLORIDA STREET)	17 NOV 1 6 LLAHASSE		
	Palm Beach Gardens, FL	33410		ř
(b)	Walter Elmore		7: 1:0	#- * .
	Enter name of NEW Registered Agent and/or NEW Registered	S		
	2861 Leonard Dr F209	_		
	NEW Registered Office Address:			
	Aventura	33160		
the cha agent v was/we	imited liability company is not organized under the landing or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization of the operating agreement of the	ws of the State f the registere ability compa of the limited limited liabil	ed office and the business office of the any, it is hereby confirmed that the cha I liability company or as otherwise pro ility company.	registered ange(s)
Signa	ture of a member or authorized representative of a member	uu	Printed or typed name of signee	
I here provisi the obl to mer notifid	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete lightens of my position as registered agent as provide by reflect a shange in the registered office address. It is change.	van to aut in t	this gangain. I further garge to count	v with the and accep being filed as been