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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
Elisha Investment Group				
SUBJECT: Nam	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Darrell Finley				
Name of Person				
Elisha Investment Group				
Firm/Company				
17131 NW 42 PI				
Address				
Miami Gardens, Fl. 33055				
City/State and Zip Code				
elishainvestmentgroup@gmail.com				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	, please call:			
Darrell Finley	786 303-6293			
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	g 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 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. N	ame of the limited liability company: Elisha Invest	ment Group LLC	
2. (a)			
2 . (1.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17131 NW 42 PI	18690 N	W 37th Ave PO Box 552449
	Miami Gardens, Fl. 33055	Miami G	ardens, Fl. 33056
	03/12/2015	L1500004	J5419 📉 🛁
3.	Date of filing/registration in Florida	4.	Document number %
5 (a)	Finley, Darrell		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State	APR 23 PM
	Registered Office Address (MUST BE FLORIDA STREET) 104 NW 145 St	ADDRESS)	
	Miami	33168	
	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:		
	17131 NW 42 PI		
	17 131 NVV 42 FI	······································	-
	Miami Gardens , FI	_33055	
the change of the area was/w the area significant was/w the area significant was/w the area was/	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the large of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is not required to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is not required to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is not required to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent and provided to the proper and complete ligations of my position as registered agent and provided to the proper agent and provided to th	f the registered office iability company, it is of the limited liability com Darrell Finley	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee