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### COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: ELITE TRANSACTION COORDINATOR SERVICES, 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:

Name of Person

PLITE TRANSACTEM CORRESPONDES CCC
Firm/Company

PC) BOX 16/225

Address

ALTAMONTE SPRINGS FC 327/6

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH A DIMARIO JR

Name of Person

Area Code & Daytime Telephone Number of Person

Area Code & Daytime Telephone Number of Person

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

## MAILING ADDRESS:

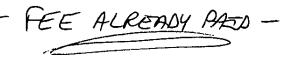
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)





August 31, 2015

JOSEPH A DIMARIO JR ELITE TRANSACTION COORDINATOR SERVICES PO BOX 161225 ALTAMONTE SPRINGS:.

SUBJECT: ELITE TRANSACTION COORDINATOR SERVICES LLC

Ref. Number: L15000113447

We have received your document for ELITE TRANSACTION COORDINATOR SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 615A00018346





# 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.

2. (a) NOD SINISET DR. LINGUICOL FL. 32750  Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS)    Note: MIST BE STREET ADDRESS    Note: MIST BE FLORIDA STR	1.	Na	me of the limited liability comp	any: ELITE	TRAUSY	ACTION C	CORATN	ATOR	SERVICE
Principal office address of limited liability company:  (Note: NUST BE STREET ADDRESS)  (Note: MUST BE POST OFFICE BOX)  (Note: MUST BOX OFFICE BOX  (Note: MUST B	<b>1</b>		!!		_				۷.۷
JUNE 3C, 2015  JUNE 3C, 2015  JUNE 3C, 2015  June of filing/registration in Florida 4. Document number  5. (a) LECALTINC CORPORATE SCRUCES TINC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  LECALTINC CORPORATE SCRUCES TINC Registered Office Address (NUST BE FLORIDA STREET ADDRESS)  523 7 SUMMERLIN COMMONS SUTE 400  FOR THE STRUCES FINE  FORT MYORS  FL 33907  NEW Registered Office Address:  Joseph A DiMario Jr  162 Sunset Dr  109 Bax NOT acceptable Longwood, FL 32750  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 spent 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  State of a member or authorized/epresentative of a member  Inches of a member of authorized presentative of the proper and compile performance of my duties, and I am familiar with and acceptable and proper and compile performance of my duties, and I am familiar with and accepted the amender of all statutes relative to the proper and compile performance of my duties, and I am familiar with and accepted the compiled performance of my duties, and I am familiar with and accepted the dependence of my has been the registered office address. The reflect a change in the registered office address. The reflect a change in the registered office address. The reflect a change in the registered office address. The reflect a change in the registered office address. The reflect a change in the registered office address. The reflect	۷. (	(a)	Principal office address of lim	ited liability company:	_ (0) 10	Mailing addre	ess of limited liab	ility compa	uny: '32
JUNE 30, 2015  LISCOLI 3 44 7  3. Date of filing/registration in Florida 4. Document number  5. (a) LECALINC CORPORATE SERVICES TINC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  LEGALINC CORPORATE SERVICES TINC Registered Office Address (MINT BE FLORIDA STREET ADDRESS)  S23 7 SUMMERUTIN COMMONS, SUSTE 400  FOR THYERS  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Joseph A DiMario Jr  162 Sunset Dr  100 Box NOT acceptable Longwood, FL 32750  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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  JUNE A TIMES JR  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 and acceptable agent and provisions of all statules relative to the proper and complete performance of my duties, and I an intallity with and acceptable and agent to a provision so full statules relative to the proper and complete performance of my duties, and I an intallity company has been the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being file.			162 SUNSET DR			PO BOX	16/22.	5	
3. Date of filing/registration in Florida 4. Document number  5. (a) LEGALING CORPORATE SERVICES TNC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  LEGALING CORPORATE SERVICES TNC Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  5. 3.7 SUMMERUAN COMMONS, SUTTE 400  FORT MYERS  FIL 33907  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  162 Sunset Dr  P.O. Box NOT acceptable Longwood, FL 32750  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 register 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 opperating agreement of the limited liability company.  Steparte of a member or authorized-depresentative of a member  INSPITE A DEM A DEM AGENTAL STREET ADDRESS.  Printed or typed name of signee  Thereby 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 acceptate of the member of the proper and complete performance of my challes, and I am familiar with and acceptate of the member in the registered office address. Thereby confirm that the limited liability company has been the obligations of my position as registered agent and provided for in Chapter 605, F.S. Or, if this document is being file of member or authorized upper the performance of my duties, and I am familiar with and acceptance of the member of a defeated agent and provided for in Chapter 605, F.S. Or, if this document is being file or member 100 files address. The Provisions of all			LONGWOOD, FC	32750	A	JAMONTE	SPRING;	5,54	<u> 327</u> /6
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