15000138340

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

TO: Registration Section Division of Corporations								
SUBJECT: ELITE SPECTRUM NUTRITI	ON, LLC							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the	following:						
YENNY BENCOMO GONZALEZ								
Name of Person		_						
ELITE SPECTRUM NUTRITION, LLC								
Firm/Company								
c/o Dearr Perdigon, 9130 S. Dadeland B	lvd #1500							
Address								
Miami, FL 33156								
City/State and Zip Code								
bencomoyenny@gmail.com								
E-mail address: (to be used for future annua	al report notif	ication)						
For further information concerning this matter, p	lease call:							
Craig R. Dearr	305	670-1237						
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:								
2 \$25 Filling Fee	□ \$:	55 Filing Fee & Certified Copy						
INHS18 (2/14)								

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: ELITE SPEC	CTRUM N	JTRITIO	ON, LLC		
2. (a)	c/o Dearr Perdigon, Attorneys at Law	(b)	c/o Dear	rr Perdigon, Attorneys	at Law	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability (Note: MAY BE POST OFFICE)	y company:	
	9130 S. Dadeland Blvd., #1500	<u> </u>	9130 S. I	Dadeland Blvd., #1500) 	
	Miami, FL 33156	<u> </u>	Miami, F	FL 33156		
	08/13/2015	L	1500013	38340		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Carcases Consulting Group LLC					
J. (4)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State	- ::		
	10923 NW 122 Street			. • . • . •	18	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				······································	118	
	Miami	33156		•	1 1	
	, ·	••		· · ·		
(b)	Craig R. Dearr				ر ئن	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	ess:	· · ·	0,1	
	9130 S. Dadeland Blvd.					
	NEW Registered Office Address:			-		
	Suite 1500	<u> </u>		-		
	Miami	_{:L} 33156				
the character was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability comes of the limited lia	ered office apany, it is ed liability bility com	e and the business office of s hereby confirmed that the y company or as otherwise	the registered change(s)	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid tely reflect a change in the registered office address, a in writing of this change.	gree to act it le performar led for in Ch I hereby con	n this cape ice of my e iapter 605 firm that i	acity. I further agree to co duties, and I am familiar w i, F.S. Or, if this document the limited liability compar	mply with the ith and accept is being filed ny has been	
Signan	ire of Regulatored Agent					
	Division of Corporations • P.O.	. Box 6327●	Taliahas	see, FL 32314		

FILING FEE: \$25.00