## 1160000 80457

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## COVER LETTER

Division of Corporations				
SUBJECT: Dufram Elbrus LLC				
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:			
Name of Person				
Harbor Compliance				
Firm/Company				
1830 Colonial Village Ln				
Address				
Lancaster, PA 17601				
City/State and Zip Code				
corporate@harborcompliance.d				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Harbor Compliance	at (_717) 431-9404			
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			

Registration Section

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.

. Na	me of the limited liability company: Dufram Elbr	us LLC	
	7901 4th St N, Ste 300, St. Petersburg, FL 33702	(b) 2234	North Federal Hwy #2071, Boca Raton, FL 33431
- (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/25/2016		00080457
	Date of filing/registration in Florida	4.	Document number
(-)	Genesis Tax House of Florida, LLC		State:
. (a)	Registered Agent and Registered Office shown on the records of the	Florida Dept. of	State:
	411 SE Mizner Blvd Ste 72	·	
	Registered Office Address (MUST BE FLORIDA STREET AD		
	Boca Raton FI 3	3432	— — — — — — — — — — — — — — — — — — —
	, 1 0	<del></del>	
(b)	Registered Agents Inc.		
( )	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	3702	
ne cha gent v	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the limited liability.	e registered o ility company the limited lia	it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Myrianthefs
Signat	unsof a member or authorized representative of a member	-	Printed or typed name of signee
herel rovisi he obl mere otifjed	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergetions of my position as registered agent as provided fifty reflect a change in the registered office address, I her if myriting of this change.	or in Chapter rehy confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
<u> حمل</u>	Bill Havre - Assistant S	secretary	
stenani	re of Registered Agent		

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