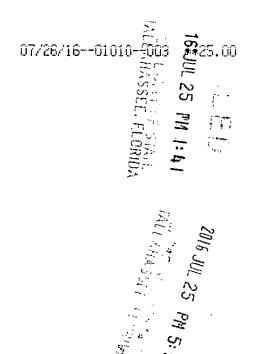
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(Requestor's Name)				
(Address)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ELITA ECT:			
2020		ne of Limited Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the following:		
Luis	Collazo			
	Name of Person			
	Firm/Company			
1054	Chalcedony St			
	Address			
Kissi	mmee FL 34744			
	City/State and Zip Code			
lecf1	967@hotmail.com			
	E-mail address: (to be used for future ann	nual report notification)		
For fu	rther information concerning this matter	, please call:		
Luis	Collazo	954 673-7151		
	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		
INHSI	8 (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.

i. Na	me of the limited liability company: ELITA				
2. (a)	1054 Chalcedony St	(b) _	(h) 1054 Chalcedony St		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Kissimmee FL 34744	_ <u>K</u>	Kissimmee FL 34744		
	July/15/2016		16000133986		
	Date of filing/registration in Florida	4.	Document number		
(a)	Luis Collazo				
. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:		
	1054 Chalcedony St				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Kissimmee	34744			
	, FL	,			
(b)	Ana K. Esparza				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres			
	1054 Chalcedony St		25 L 25		
	NEW Registered Office Address:				
			TEOR TO		
			A A		
	Kissimmee	34744			
he cha igent v vas/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the register ability comp of the limited	ered office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in		
	Tuis ()	Luis C	Collazo		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi he obl o merc	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in performanced for in Cha hereby confi	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been		
Ciarret	Allen				
orgnatu	re of Registered Agent				