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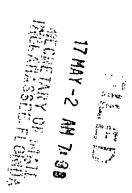
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UF	P WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
2017 IAY -2 AM IB: 12	NIASSEE, FLORIDA						
Carry Lucia	COffice Use Only						



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MAY 0 , 2025 J SHIVERS



COVER LETTER

10:	Division of Corporations					
SUBJE	·CT·	VEL	GANE 1	LLC		
SOBGE		of Li	mited Li	ability Company		
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered Office	e Cha	inge and	fee(s) are submitted for filing.		
Please r	return all correspondence concerning this	matte	er to the f	Following:		
	HERNANDO GONZALEŽ BAÚTII	V				
	Name of Person	<u>_</u>				
	VELGANE LLC					
	Firm/Company					
	4146 NE 26TH ST					
	Address			_		
	HOMESTEAD FL 33033					
	City/State and Zip Code			-		
	velgane17@gmail.com			_		
E-	mail address: (to be used for future annua	ıl rep	ort notifi	cation)		
For furt	her information concerning this matter, p	lease	call:			
HERN	ANDO GONZALEZ BAUTIN	at (786	774-1386		
	Name of Person	(_		Area Code & Daytime Telephone Number		
Registration Section Red Division of Corporations Di Clifton Building P.			Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following a	mour	ıt:			
	□ \$25 Filing Fee		23 \$5:	5 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. Na	ame of the limited liability company:	ELGANI	ELLC		
2. (a)	7601 TREASURE DR Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			7601 TREASURE DR	
(u)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	APT 1711			APT 1711	
	NORTH BAY VILLAGE FL 33141	-	NO	RTH BAY VILLAGE FL 33141	
•	01/09/2017		L	.17000006253	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	GONZALEZ BAUTIN HERNANDO)			
). (a)	Registered Agent and Registered Office shown on the records of the	Florida D	ept. of State	:	
	7601 TREASURE DR				
	Registered Office Address MUST BE FLORIDA STREET AD	DRESS)			
	APT 1711				
	NORTH BAY VILLAGE , FL	33141		The state of the s	
(b)	GONZALEZ BAUTIN HERNANDO	17 M			
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u>:ss</u> :	\$ X		
	4146 NE 26TH ST			TO A TO	
	NEW Registered Office Address:				
	HOMESTEAD	33030	3		
the cha agent v was/we the arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of a cles of organization or the operating agreement of the limitation of a member or authorized representative of a member	ne registe ility com the limite	red office pany, it is ad liability bility com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
I herel provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided to the proper and complete per igations of my position as registered agent as provided to the property of the prop	to act in erforman for in Cha reby conj	this capa ce of my a apter 605, firm that t	city. I further garee to comply with the	
Signatu	re of Registered Agent				