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12/07/17--01019--012 \*\*25.00





## **COVER LETTER**

Registration Section

TO:

Divi	ision of Corporations								
SUBJECT:	Florida Elite Sports LLC								
NOBSILC 1.	Name of Limited Liability Company								
Dear Sir or I	Madam;								
The enclosed	d Registered Agent/Registered Off	ice Change and f	ec(s) are submitted for filing.						
Please return	n all correspondence concerning th	is matter to the fo	ollowing:						
Diane Luc	ongo								
	Name of Person		_						
Florida Eli	ite Sports LLC								
	Firm/Company		nan-						
4390 Wes	stroads Dr. Ste D								
	Address								
West Palr	m Beach, FL 33407								
	City/State and Zip Code		_						
info@flori	daelitesports.com								
E-mail	address: (to be used for future ann	ual report notific	cation)						
For further i	nformation concerning this matter,	please call:							
Diane Luc	ongo	561	901-8055						
	Name of Person	at (	Area Code & Daytime Telephone Number						
Reg Divi Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314						
Enc	closed is a check for the following	; amount:							
☑ \$	25 Filing Fee	<b>□</b> \$5:	5 Filing Fee & Certified Copy						
INHS18 (2/14	4)								

## 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	me of the limited liability company: Florida Elite	e Sports	LL	.C					
2	(a)	Florida Elita Sports II C			(b) Florida Elite Sports, LLC					
	(4)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		,		lailing address of lir	nited liability company: POST OFFICE BOX)			
		4390 Westroads Drive Ste D			4390 We	stroads Drive	Ste D			
		West Palm Beach, FL 33407			West Pal	m Beach, FL	33407			
		02/02/2017		L	.1700002	6228				
3.		Date of filing/registration in Florida	4.	-	1	Document numb	per			
5.	(a)	Erin Muller								
	()	Registered Agent and Registered Office shown on the records  Erin Muller	of the Floric	ia I	Dept. of State:		do 1			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			見りて					
		12844 SE HOBE HILLS DR								
		Hobe Sound	FL_33455	5			19			
	(b)	Diane Luongo		33455 SEE FLOOR						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					OF THE STATE OF TH			
		Diane Luongo								
		NEW Registered Office Address:								
		8098 Ferentino Pass								
		Delray Beach,	<sub>FL</sub> _33446	3						
the age	ent v ent v	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of the contractions.	of the reg Hiability or of the lin	iste con mit	ered office apany, it is ed liability	and the business hereby confirme company or as	s office of the registered ed that the change(s)			
						ane Luongo				
,		ure of a member or fluthorized refresentative of a member	,	, .		Printed or typed na	_			
pro the	ovisi e obl mer <b>s</b>	hy accept the appointment as registered agent and constant of all statutes relative to the proper and complete igations of my position as registered agent as providing reflect a change in the registered office address. I in writing of this change.	eĭe perforx	11/11	ace of mŷ d	huies, ånd Lam i	familiar with and accept			
Si	yhakti	re of Registered Agent	<b></b>	_	<i>~</i>	D1 2224				

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