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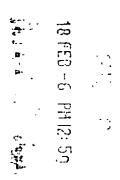
(Requestor's Name)				
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O SIMMONS

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SURI	Eleos Services LLC				
ооро	Nam	Name of Limited Liability Company			
Dear S	ir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
Mario	o Pedreros				
	Name of Person				
Eleos	s Services LLC				
	Firm/Company		_		
370 (Camino Gardens Blvd., Suite 208				
	Address		_		
Воса	Raton , FL., 33432				
	City/State and Zip Code		 -		
mped	dreros@assistinghands.com				
Ī	E-mail address: (to be used for future ann	ual report notif	ication)		
For fu	rther information concerning this matter.	please call:			
Mario	Pedreros	305 at (7666201		
	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	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	□ Sá	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.

	Eleos Servic	
1. Na 2. (a)	me of the limited liability company:9628 Sugar Pines Ct	9628 Sugar Pines Ct
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Davie, FL., 33328	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Davie, FL., 33328
	12/14/2017	L17000255572
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of 9628 Sugar Pines Ct Registered Office Address (MUST BE FLORIDA STREET)	
	Davie, F	33328
	Enter name of NEW Registered Agent and/or NEW Registered 370 Camino Gardens Blvd. NEW Registered Office Address: Suite 208	d Office address:
	Boca Raton	33432
the cha agent v was/we the arti	imited liability company is not organized under the latinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited leter authorized by an affirmative vote of the members cless of prognization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and as	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. PEDREROS Printed or typed name of signee aree to act in this capacity. I further agree to comply with the
provisi the obl to merc notified	ions of all statutes relative to the proper and complete	e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
	Division of Corporations P.O.	Box 6327• Tallahassee, FL 32314 FEE: \$25.00