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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER

COVER LETTER

	Registration Section Division of Corporate	ions		,		
SUBJEC	et: Elit		CNANCE ac of Limited Lia	Solutions LLC bility Company		
Dear Sir	or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	William	Peve Z nc of Person		_		
	Elite MC	unterance VCompany	Solutio	ns LL(
13	N 410.	Dak Mo	ibry Itw	4 #655		
Tampa, FL 33618 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For furthe	er information conc	eming this matter,	please call:			
William Perez a1(813) 541-8943						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301			Rcg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314		
B	Enclosed is a check for the following amount:					
Q	\$25 Filing Fcc		□ \$55	Filing Fee & Certified Copy		

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.

	me of the limited liability company: Elife Maintenance 1015 Sylvia Lane Tampa FL 33613 (b) 1015 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	
3. 5. (a)	Date of filing/registration in Florida 4.	500 1 4 1 4 4 0 Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1016 Sylvia Land Tampa FL 33613 William Pevez Enter name of NEW Registered Agent and/or NEW Registered Office address: 13014 N. Dale Mabry Hwy # 4556 NEW Registered Office Address:	18 111 27
he cha lgent was/we he arti- Signat	mited liability company is not organized under the laws of the State of Florida or changes are made, the Florida street address of the registered office fill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability company of a member of a member of a member of a member of authorized representative of a member of a member of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter Office of the proper and complete performance of my gations of my position as registered agent as provided for in Chapter Office address, I hereby confirm that	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. Printed or typed name of signee activ. I further garee to comply with the

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