19000124797

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400351199464

06/61/20--01026--027 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

PANY

TO: Registration Section Division of Corporations		. •			
SUBJECT: THE MIAMI EL Nam	TES ne of Limited Li	LIMITED ability Company	LIABi	LITY	COM
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted	for filing.		
Please return all correspondence concerning thi	s matter to the f	following:			
BENOIT ANTHON					
THE MIAMI ELITES Firm/Company	LIMITE	O LIABIL	ity Co	MPAN'	Y
2125 BISCAYNE Address	BLVD \$	<u> </u>			
MiAMI, FL 3313 City/State and Zip Code	7	_		2020 AUG : SECRETA TALLA	ens res
MINMIFLITES@ LMRIL, E-mail address: (to be used for future ann	CoM ual report notifi	cation)		SECRETARY OF STAT TALLAHASSEE, FL	
For further information concerning this matter,	please call:			FATE C	-
RENOIT ANTHOINE Name of Person	a (786) 271 7 Area Code & Dayi	360 time Telephor	ne Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite	e 810	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

¥ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

submits	s the following statement in order to change its registered of	nce or registered	ragent, or both, in the	e State of r tortaa.
I. Na	ime of the limited liability company: THE MAMI	ELITES	LIMITED	LiABILITY
2. (a)	7501 E. TREASURE DR. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma	E. TREASULITING address of limited liangless of liangle	ability company:
	2 K	2 K		
	NORTH BAY VILLAGE, FL 33141	NORTH	DAY VILLAG	E, FL 3314
3.	05/08/2019 Date of filing/registration in Florida 4.		000 12479 ocument number	37
5. (a)	UNITED STATES CORPORATION Registered Agent and Registered Office shown on the records of the Flor	ACENTS, Frida Dept. of State:	inc.	
	5575 S. SEMORAN BLUD Registered Office Address MUST BE FLORIDA STREET ADDRE	<u></u> <u>ESS)</u>		
	SUITE 36			
	ORLANDO FL 3	<u> 2822</u>		~ 3
(b)	BENOIT ANTHOINE Enter name of NEW Registered Agent and/or NEW Registered Office	address:	SECRETA! TALLAH	1020 AUG 3
	NEW Registered Office Address: 2125 BISCAYPE	BLUD	AHASSEE	
	SuiTE 303		STATE	- : 0
	MitMi FL 3	,3137		
change agent v was/we	imited liability company is not organized under the laws of to or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability are authorized by an aftermative vote of the members of the licks of organization or the operating agreement of the limite	tered office and t company, it is h limited liability e	he business office of a creby confirmed that company or as otherw	the registered the change(s)
	Dull river	BENO	it ANTHO	INE
-	ture of a member or authorized representative of a member	•		5
provisi the obl to mere	by accept the appointment as registered agent and agree to a constant of all statutes relative to the proper and complete perfor ligations of my position as registered agent as provided for it ely reflect a change by the registered office address. I hereby d in writing of this change.	vet in this capaci mance of my dui n Chapter 605, F veonfirm that the	ity. I further agree to ties, and I am familian ∴S. Or, if this docum > limited liability com _f	comply with the r with and accept sent is being filed pany has been

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

Signature of Registered Agent