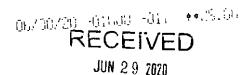
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special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

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FILED

MID: 144

SECRETARY OF STATE

D. BRUCE AUG 15 2020

COVER LETTER

TO: Registration Section : Division of Corporations	•	• •			
SUBJECT: Elevated Image of Florid	da LLC				
	ne of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the	following:			
Brandon Guerra					
Name of Person		<u> </u>			
Elevated Image of Florida LLC					
Firm/Company		<u> </u>			
1060 NW 116th Avenue			ග සුමු	2020	
Address			ALL/	2020 JUN 29	2.00
Plantation, FL 33323			HAS.) come
City/State and Zip Code			(변승 변경 (변승)	VH 10: 174	ر از سیست سیست
bguer006@fiu.edu); }	
E-mail address: (to be used for future ann	iual report notif	fication)		•	
For further information concerning this matter,	please call:				
Brandon Guerra	at (954	, 249-8028			
Name of Person	(Area Code & Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	amount:				
☐ \$25 Filing Fee	55 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. N	ame of the limited liability company: Elevated	lmag	e of F	lorida LLC
2. (a)	1060 NW 116th Avenue	(b) 1060 NW 116th Avenue		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plantation, FL 33323	_	Plantat	tion, FL 33323
				-
		_	-	
	May 13, 2019	_	L19000	0128008
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Stat	- e:
	5237 SUMMERLIN COMMONS			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-
	SUITE 400			
	FORT MYERS	33907		-
	, rt_			- ∽ 2
(b)	Registered Agents Inc.			020 . TA
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	2020 JUN SECRETALLA
	7901 4th St N			ART 0
	NEW Registered Office Address:			
	STE 300			D WHO: 44
	St. Petersburg	33702		j≀ i * -
the chaagent was/w the art Signa I here provis the obto mer	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member oby accept the appointment as registered agent and agree it ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided the reflect a change in the registered office address, I had in writing of this change.	he regis bility co the limited limited limited li	tered office impany, it is ted liability con ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. Printed or typed name of signee Printed or typed name of signee

Signature of Registered Agent

Bill Havre

Assistant Secretary