L20000342302

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COVER LETTER

TO: Registration Section Division of Corporations				
•				
SUBJECT: Elemental Computing LLC				
Name o	of Limited Liability 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 n	natter to the following:			
Matti von Leliwa				
Name of Person				
Elemental Computing LLC				
Firm/Company			~`	
1317 Edgewater Dr, #2322			2021 HzQ 31	***
Address		}− ;~ 3≥3	چر د	-
Orlando, FL 32804		` ''.		
City/State and Zip Code		; ; , ··	ÆH 9: 2!	round L Span
matti.vl@elemental.cc		٤:	:2	
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, ple	ase call:			
	at ()			
Name of Person	Area Code & Daytime Telephone	Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following am	ount:			
☑ \$25 Filing Fee	☐ \$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.

1.	Na	me of the limited liability company:Eleme	ntal Computing	ng LLC	
2	(a)	1317 Edgewater Dr. #2322	(b)	a) 1317 Edgewater Dr, #2322	
	(,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Orlando, FL 32804		Orlando, FL 32804	
		08/10/2020		L20000242302	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Registered Agents Inc.			
		Registered Agent and Registered Office shown on the reco	rds of the Florida	a Dept. of State:	
		7901 4TH ST N. STE 300			
		Registered Office Address (MUST BE FLORIDA STR	<u>57</u>		
				(C) (N)	
		St. Petersburg	_, FL_33702	TALLA)	•;
	(b)	Kelly Miller			4
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	<u>stered Office add</u>		**
		1317 Edgewater Dr		A# 9:	J
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
		Orlando	_, FL3280	04	
the age wa the	cha ent w s/we arti ignat	mited liability company is not organized under the right or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the members of organization or the operating agreement of the member of a member or authorized representative of a member ov accept the appointment as registered agent and	ess of the regist ted liability cor pers of the limi of the limited li	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided liability company. Matti von Leliwa Printed or typed name of signee	ered) in
pro the to i not	ovisio obli nere ifico	y accept the appointment as registered agent and components of all statutes relative to the proper and components of my position as registered agent as profix reflect a change in the registered office addre. Lin writing of this change. The of Registered Agent	a ug ve to act i plete performa ovided för in C ss, I hereby co	ance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being f onfirm that the limited liability company has bee	anc cept iled n

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