120000396676

(Re	equestor's Name)	
(Ad	dress)	·
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	ty/State/Zip/Phone #	<u></u>
(CII	ty/State/Zip/Fillone #	†)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
,	ŕ	•
	ocument Number)	
(DC	cament Namber)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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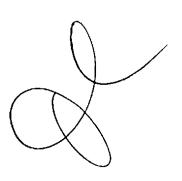
Office Use Only



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07/18/22--01020--035 **25.00

2022 JUL 18 AM 10: 10



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: A1 ELITE LLC				_	
		Name of Limited I	Liability Company		-	
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change and	l fee(s) are submitted for fil	ing.		
Please	return all correspondence concernir	ng this matter to the	following:			
Melis	sa Jones					
	Name of Person		<u> </u>			
ZenBı	isiness Inc.					
	Firm/Company			;	2	
336 E	College Ave. Suite 301			= = = = = = = = = = = = = = = = = = = =	2022 JUL 18 AM 10: 10	
	Address	•			JL 18	
Tallahassee, FL 32301				5.1 (A)2	3	- -
	City/State and Zip Co	de		に <u>つ</u> り	<u>.</u>	i,
ra@ze	enbusiness.com			•	0	
	E-mail address: (to be used for future	annual report noti	fication)			
For fu	rther information concerning this ma	atter, please call:				
Mel	issa Jones	844 at (493-6249		_	
	Name of Person		Area Code & Daytime T	elephone Numbe	er .	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	issee et. Suite 810		
	Enclosed is a check for the follow	ving amount:				
	□ \$25 Filing Fee	- \$	555 Filing Fee & Certified C	Сору		

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.

	, ,	20	ь	Ç ,			•
ı No	ame of the limited liability company: A1 ELIT	E LL					
1. Na 2. (a)	2046 MARSH HARBOR DRIN	/E	_{db} 2046 N	MARSH HA	RBOR	DRI	VE
2. (a)	Principal office address of limited liability company:			Mailing address of I	imited liab	ility con	тралу.
	(Note: MUST BE STREET ADDRESS)		DIVIE	(Note: MAYBE			
	RIVIERA BEACH, FL 33404		HIVIE	RA BEAC	<u>, [1, [1]</u>	_ 33	404
							
	09/21/2020		L2000	0296676			
3.	Date of filing/registration in Florida	4.	· · · · · · · · · · · · · · · · · · ·	Document num	ber		
5. (a)	Registered Agents Inc.						
` `	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of State	- E:			
	7901 4th St N	-		_			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	<u>22)</u>			202	
	STE 300			-	Ĺ.	2022 JUL	
	St. Petersburg	FL			-)L 18	- 223
(b)	ZenBusiness Inc						: (1
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office	address:	-		AM 10:	
	336 E. College Ave.				 :	0	
	NEW Registered Office Address:			-			
	Suite 301			_			
	Tallahassee	FL_32301		_			
If the b	imited liability company is not organized under the	laws of th	e State of Flo	oriđa, it is hereby	/ confirm	ned tha	t after the
	or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited						
was/we	ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the	rs of the li	mited liability	y company or as			
	Rishekia Malloy	_	ishekia M	• ′			
	ture of a member or authorized representative of a member	<u> </u>		Printed or typed na	ame of sign	acc	
I herei provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address,	agree to a ete perfori ded for in I hereby	ct in this cape mance of my e Chapter 605 confirm that i	icity. I further a luties, and I am , F.S. Or, if this the limited liabil	gree to d familiar docume ity comp	comply with ar nt is be any ha	with the nd accept ning filed s been

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

Signature of Registered Agent