## L21000306566

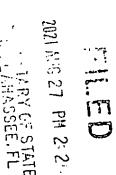
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



200372043342

08/27/21--01010--009 \*+25.00





## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Elora Communications, LLC						
	Name of Limited Liability Company						
Dear Si	r or Madam;						
The end	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.					
Please r	return all correspondence concerning	g this matter to the following:					
Paul J. I	Burkhart						
	Name of Person						
Law Off	ices of Paul J. Burkhart						
	Firm/Company	<del></del>					
800 Vill	age Square Crossing						
	Address						
Palm Be	ach Gardens, FL 33410						
	City/State and Zip Cod	le					
paul@pa	iulburkhart.net						
E-	mail address: (to be used for future a	annual report notification)					
For furt	ner information concerning this matt	ter, please call:					
Paul J. B	urkart	561 880-0155					
	Name of Person	at ()  Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the followi	ing amount:					
(	∡S25 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.

١.	Na	me of the limited liability company: Elora Communicati	ons. L	LC ———		
2.						
	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4371 Northlake Blvd, #114,		4371 N	Forthlake Blvd, #114,	
		Palm Beach Gardens, FL 33410	_	Palm E	Beach Gardens, FL 33410	
		July 06, 2021		1.210003	306566	
3.		Date of filing/registration in Florida	4.		Document number	
-	(0)	Emalyn N Deak				
5.	(4)	Registered Agent and Registered Office shown on the records of th	e Florid	la Dept. of	State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		4371 Northfake Blvd, #114				
		Palm Beach Gardens	3410		TODA HUSE 27 PM 2: 21  TOTAL SEE: FEL	
	,1. \	Paul J. Burkhart			60	
(b)						
					SSC PE O	
		Law Offices of Paul J. Burkhart , PC			Ers 2	
	NEW Registered Office Address:				型 2	
		800 Village Square Crossing				
		Palni Beach Gardens, FL 3	3410			
cha age wa:	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re zill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	s of th egiste oility c the lii	red office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
1		11 Ann Dear	En	alyn N De	eak	
S	igydi	nd MI a member or authorized representative of a member			Printed or typed name of signee	
pro the to r	visio obli nerg	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	e to ac erforn for in reby c	t in this c tance of i Chapter confirm th	capacity. I firther agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed hat the limited liability company has been	
Sig	natur	of Registered Agent				
		Division of Corporations P.O. Re	ax 631	7• Talla	shassee FL 32314	

FILING FEE: \$25.00