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(((H24000007629 3)))



H240000076293ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jem@josephemaguire.com

LLC REGISTERED AGENT CHANGE ELEVATION REAL ESTATE ADVISORS, LLC

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From: Kimberly Rogers

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COVER LETTER

INHS18 (2/14)	— <i>V</i> -				
☑ \$25 Filing Fee		55 Filing Fee & Certified Copy			
Enclosed is a check for the following a	mount:				
Tallahassee, Florida 32301	7 41				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Division of Corporations	Division of Corporations				
Registration Section	MAILING ADDRESS: Registration Section				
STREET/COURIER ADDRESS:	3.4	· · · · · ·			
Name of Person	_ at (Area Code & Daytime Telephone Number			
Georgina Vega	,800	567-4397			
For further information concerning this matter, p	lease call:				
E-mail address: (to be used for future annu	al report notif	ïcation)			
jem@josephemaguire.com					
City/State and Zip Code					
Charlotte, NC 28277		<u> </u>			
Address					
11035 Golf Links Drive #77148					
• ,					
Firm/Company	<u> </u>	_			
ELEVATION REAL ESTATE ADVISORS	S, LLC				
Name of Person					
Joseph Maguire					
Please return all correspondence concerning this	maner to me	following:			
		•			
The enclosed Registered Agent/Registered Offic	ea Changa and	Fant of any submissed for Film.			
Dear Sir or Madam:		,			
SUBJECT:		iability Company			
ELEVATION REAL ESTATE	ADVISORS	SILC			
Division of Corporations					

(((H24000007629 3)))

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	ame of the limited hability company: ELEVATION	REALE	STATE A	ADVISORS, LLC		
2. (a)	1807 S POWERLINE RD #105		(b) 11035 Golf Links Drive #77148			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	DEERFIELD BEACH, FL 33442		Charlotte	e, NC 28277		
	01/04/2022	 	.2200002	21296		
3.	Date of filing/registration in Florida			Document number		
<i>5 (</i>)	DOHERTY WILLIAM J. IR			Social Manager		
5. (u)	Registered Agent and Registered Office shown on the records of	t the Florida i	Dent of State	*'		
				•		
	Registered Office Address (MUST BE FLORIDA STREET) 1807 S POWERLINE RD #105	"ADDRESS)	_	۲۰	79	
	DEERFIELD BEACH	33442			;	
	, F	1,	 .		; 	
(b)						
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		• •	
	URS AGENTS, LLC				دع ج	
	NEW Registered Office Address:					
	3458 LAKESHORE DRIVE					
	TALLAHASSEE	32312				
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist- lability con- of the limit e limited lia	ered office apany, it is ed liability	and the business office of hereby confirmed that the company or as otherwise pany.	of the registered	
Signat	ure of a member or authorized representative of a member	<u>-</u>	. 5	Printed or typed name of sign	ec	
provisio the obli to mere	ny accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in wrafty of this change.	ree to act i performan ed for in Cl hereby car	n this capa ice of iny a iapter 605, ifirm that t	ctty. I further agree to c htties, and I am familiar F.S. Or, if this documer he limited liability comp	omply with the with and accept it is being filed any has been	

Georgina Vega, Asst. Secretary

Signature of Registered Agent