L22000022723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

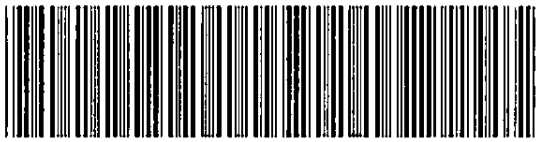
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Who is the RA being added

Office Use Only



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07/02/25--01004--024 **25.00

FILED
2025 JUN -2 AM 11:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2025

GEORGE ELLMAN

7678 SOLIMAR CIRCLE
BOCA RATON, FL 33433

SUBJECT: GEORGE ELLMAN AND ASSOCIATES LLC
Ref. Number: L22000022723

We have received your document for and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Who is the new Registered agents.

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell
Regulatory Specialist II
Amendment Section

Letter Number: 625A00018746

SEE Attached

RECEIVED
SEP 09 2025
By

COVER LETTER

TO: Registration Section
Division of Corporations ATTENTION: Schelby Harrell

SUBJECT: GEORGE Ellman and Associates LLC
Name 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 matter to the following:

GEORGE Ellman
Name of Person

George Ellman and Associates
Firm/Company

7678 Solimar Circle
Address

Boca Raton, FL 33433
City/State and Zip Code

Qemdy@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE Ellman at (404) 323-2232
Name of Person 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 following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14) already paid

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. Name of the limited liability company: GEORGE Ellman and Associates

2. (a) 7678 Solimar Circle
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Boca Raton FL
33433

(b) SAME AS OFFICE Address
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

4. Document number

5. (a) GEORGE Ellman
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7678 Solimar Circle
Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

Boca Raton, FL 33433

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2025 JUN -2 AM 11:23

(b) GEORGE Ellman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7678 Solimar Circle
NEW Registered Office Address:

Boca Raton, FL 33433

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

GEORGE Ellman
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEORGE ELLMAN and Associates LLC
Name 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 matter to the following:

GEORGE Ellman
Name of Person

GEORGE Ellman and Associates LLC
Firm/Company

7678 Solimar Circle
Address

Boca Raton, Fla 33433
City/State and Zip Code

gemdy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE Ellman at (404) 323 2232
Name of Person 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
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INHS18 (2/14)

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1. Name of the limited liability company: GEORGE Ellman and Associates LLC

2. (a) 7678 Solimar Circle
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Boca Raton Fla.
33433

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Beg. 1/7/22 ~~6/1/22~~ Filed 12/31/24
3. Date of filing/registration in Florida

L22000022723
4. Document number

5. (a) GEORGE Ellman
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7678 Solimar Circle
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Boca Raton, FL 33433

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SAME AS BEFORE
NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____
Signature of a member or authorized representative of a member

GEORGE Ellman
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

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

State of Florida
Department of State

I certify from the records of this office that GEORGE ELLMAN AND ASSOCIATES LLC is a limited liability company organized under the laws of the State of Florida, filed on January 7, 2022.

The document number of this limited liability company is L22000022723.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 8, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of November, 2024

Secretary of State

Tracking Number: 7551401368CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication