Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000271946 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE ELITE FLOURISH INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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

(a)	(b)					
	Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO			
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg FL		St. Petersburg FL 33702			
	08/01/2022		L2200	00339087		
	Date of filing/registration in Florida	4.		Document number		•
(a)	UNITED STATES CORPORATION	ON AGENT	S, INC.			
(b)	Registered Agent and Registered Office shown on the re-	cords of the Florid	a Dept. of Sta	ite:		
	5575 S. SEMORAN BLVD.					
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRES:	<u>s)</u>	_		
	SUITE 36			_		
	ORLANDO	3282	2	- - 5	<u> </u>	
	Registered Agents Inc.				2022 AUG Segre I.	
(0)	Enter name of NEW Registered Agent and/or NEW Re	egistered Office ac	ldress:		6	
	7901 4th St N				AM IO:	LED
	NEW Registered Office Address:				<u> </u>	+
	STE 300				6	
	St. Petersburg	. FL 3370	2			

R:lun Park	Riley Park
Signature of a member of authorized representative of a member	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.

Kell 1 Bill Havre Assistant Secretary

Signature of Registered Agent