## L 22000416010

(Requestor's Name)					
(Address)					
(Add	iress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
JUN 2 HORNE					

Office Use Only



800430329058

06/06/24--01009--005 ++25.00

F FE & D 2024 JULY - 5 FT 2: 55

## **COVER LETTER**

	ion of Corporations				
SUBJECT:	Elite Event Consultants, L	LC			
DODUCE.	Name of Limited Liability Company				
Dear Sir or M	ladam:				
The enclosed	Registered Agent/Registered	Office Change and	f fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to the	following:		
Robert	: P Jann				
	Name of Person	****	<del></del>		
Elite Eve	ent Consultants LLC				
	Firm/Company		<del></del>		
100 Ashley Dr	ive, Suite 600				
	Address		<del></del>		
Tampa, FL 33	602				
	City/State and Zip Cod	e	<del></del>		
bobjann22@gr	mail.com				
E-mail a	address: (to be used for future	annual report noti	ication)		
For further in:	formation concerning this mat	ter, please call:			
Robert Jani	n	716 at (	247-2012		
	Name of Person		Area Code & Daytime Telephone Number		
<u>Maili</u>	ing Address:		Street Address:		
Regis	stration Section		Registration Section		
	ion of Corporations		Division of Corporations		
	Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		
			Tallahassee, FL 32303		

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

## 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. N	ame of the limited liability company:  Elite Event Cor	sultants	IJ	.c	
2. (a)	100 Ashley Drive, Suite 600 Tampa, FL 33602	(	b)	100 Ashley Drive, Suite	600 Tampa, FL 33602
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	.**)	Mailing address of	Flimited liability company: E POST OFFICE BOX)
	100 Ashley Drive, Suite 600			100 Ashley Drive, Suite 60	0
	Tampa, FL 33602	<del></del>		Tampa, FL 33602	
	9/23/2022			L22000416070	
3.	Date of filing/registration in Florida	4.	_	Document nun	nber
5. (a)	JANN, ROBERT P				
J. (L)	Registered Agent and Registered Office shown on the records of JANN, ROBERT P	the Florid	ia E	Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>		
	3110 IST AVENUE NORTH, SUITE 2				
	ST PETERSBURGH	33713			
	, FL				
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	ress:	202
	Jann, Robert P				1 - j : 2024 JUL - 6
	NEW Registered Office Address:		-		0.
	100 Ashley Drive, Suite 600				
					13
	Tampa , FL	33602			$\frac{G}{G}$
change agent was/withe art Signa  I here provist the obto meri	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the number of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	register ability confithe limited	red om nite lia	office and the business of apany, it is hereby confirmed liability company or a bility company.  Robert P Jann  Printed or typed in this canacity. I further	office of the registered med that the change(s) is otherwise provided in name of signee
	An				
Signatu	of Registered Spent				