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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 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.\*\*

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## LLC REGISTERED AGENT CHANGE **ELITE GOLF COMPANY LLC**

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T. LEMIEUX

APR 2 1 2023

## 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 GOLF	COMF	ANY LLO	2
2. (a)		(t	p)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		
	01/03/2023		L23000	005641
3.	Date of filing/registration in Florida	4.	***************************************	Document number
5. (a	UNITED STATES CORPORATION AGENTS	S, INC	ı	_
	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Sta	ite:
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES!	<u> </u>	
	JACKSONVILLE , FL	32202		
(b)	Registered Agents Inc			
(υ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<del></del>
	7901 4th St N			202
	NEW Registered Office Address:			
	STE 300			2023 11. 2
				100 PH
	St. Petersburg , FL	3370	2	- 2 <del>2</del> 2 2 <del>2</del> 2 <del>2</del> 2 <del>2</del> 2 <del>2</del> 2 <del>2</del> 2 <del>2</del> 2 2 <del>2</del> 2 2 <del>2</del> 2 2 <del>2</del> 2 2 2 2
the chagent was/v the ar Sign I her provinthe obtome	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law way accept the appointment as registered agent and agreein so fall statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	the reging the line of the limited Ro	stered office ompany, it nited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  S  Printed or typed name of signee  Practive I further cores to comply with the

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

Orvid X-Coerts David Roberts - Assistant Secretary

Signature of Registered Agent