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SUBJECT: Element	Pro LLC	·		
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Re	gistered Office Change and fee(s)	are submitted for filing.		
Please return all correspondence co	neerning this matter to the followi	ing:		
Mario DiFiore				
Name of P	erson			
Element Pro	LLC			
Change my registered ag				
778773 Harbor Address	loor Dr (	that say HARBOR)		
Palmetto FL City/State and	34221 Zip Code			
Mario @ Element E-mail address: (to be used to	Pro LLC. Comport future annual report notification)	)		
For further information concerning	this matter, please call:			
Marlo Di Fiore Name of Person	at (941 )	549 - 0023 Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div The 241	gistration Section dision of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 dahassee, FL 32303		
Enclosed is a check for th	e following amount:			
25 Filing Fee	-	ng Fee & Certified Copy		

**TO:** Registration Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the State of F

1. Na	nme of the limited liability company: <u>Elemen</u>	t Pro	LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability compan
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Mario Di Fiore		<del></del>
	Registered Agent and Registered Office shown on the records of the	Florida Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESSI	<u>-</u>
			د.
	Bradenton, FL	34211	DICH APR
	, re, re	0141	- PR
(b)	Enter name of NEW Registered Agent and/or NEW Registered O		
	Enter name of NEW Registered Agent and or NEW Registered Of	mice address	
	7873 Harbor Moor I	)r .	2
	NEW Registered Office Address:		<b>(</b> -)
	$\overline{}$	<del></del>	_
	Kalmetto	34221	_
	imited liability company is not organized under the laws		
agent v	or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liabi	lity company, it	is hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lin	he limited liabili nited liability co	ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided fely reflect a change in the registered office address. I her d in writing of this change.	to act in this cap rformance of my or in Chapter 60 reby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and acc 5, F.S. Or, if this document is being filt the limited liability company has been
Sings	ire of Registered Agent		

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