La3000300357

(Requestor's Name)					
(Add	dress)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
<u>—</u>		ш			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
					
Special Instructions to F	iling Officer:				

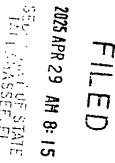
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COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJE	GOLD ELITE GROUP LLC ECT:		
		ame of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
JEAN 1	LUC DORE		
	Name of Person		
JEAN I	LUC DORE		
	Firm/Company		
16430	NW 59th Ave Suite 201		
	Address		
Miami	Lakes, FL 33014		
	City/State and Zip Code	•	
jean-lu	c.dore@goldelitegroup.com		
E	-mail address: (to be used for future a	nnual report notif	fication)
For fur	ther information concerning this matte	er, please call:	
JEAN I	LUC DORE	561 at (9781766
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng amount:	
	■ \$25 Filing Fee	□ s	555 Filing Fee & Certified Copy
INHST	8 (2/14)		

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF LIMITED LIABILITY COMPANY

arsuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company ibmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

suant to the provisions of sections 003.0774 or oscillations of sections of the following statement in order to change its register mits the following statement in order to change its register.	ed office o	r regulative as	
Name of the limited liability company: GOLD ELITE GR	OUP LIC		
(a) 15430 NW 59th Ave	(0)	16430 NW 59th Ave Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
(Note: MUST BE STREET ADDRESS)		Suite 201	
Suite 201		Miami Lakes, FL 33014	
Miami Lakes, FL 33014			
04/20/2022	_{4.}	L23000300357 Document number	
3. Date of filing/registration in Florida	٦.		
5. (a) Exodium LLC Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:	
700 S. Rosemary Ave Registered Office Address IMUST BE FLORIDA STREE	TADDRES	<u>S)</u>	
West Paim Beach	, FL. 33401		MS MR 29 M 8:15
(b) Finter name of NEW Registered Agent and/or NEW Registered	ered Office	address:	7 2 5
Enter name of NEW RESISTER			
16430 NW 59th Ave			
NEW Registered Office Address:			4. S. 4.
Suite 201			である
	E1 3301	4	·
Miami Lakes	, 1 12	cat State of Florida, it is hereby confirmed that after the	
agent will be identical. Or, in the case of a Follows agent will be identical. Or, in the case of a Follows was were authorized by an affirmative vote of the men the articles of organization or the operating agreement	nbers of the of the lim	HEAN LUC DORE	-
Simpler of a member or authorized representative of a member	er 	to comply with the	
to merely reflect a change in the recommendation writing of this change		Printed or typed lialit of age. to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and accept formance of my duties, and I am familiar with and accept for in Chapter 605, F.S. ()r. if this document is being filed or in Chapter 605, F.S. ()r. if this document is being filed or in Chapter 605, F.S. ()r. if this document is being filed or in Chapter 605, F.S. ()r. if this company has been bely confirm that the limited liability company has been	
Signature of Registered Agent Division of Corporations	so P.O. Bo	nx 6327• Tallahassee, Ft. 32314 E: \$25.00	

INHS18 (2/14)