## L23000529364

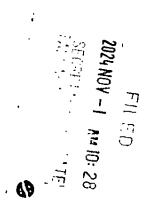
(Requestor's Name)
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## COVER LETTER

_	istration Section sion of Corporations					
SUBJECT:	Elite Business Services, MC					
	Name of Limited Liability Company					
Dear Sir or i	Madam:					
The enclosed	d Registered Agent/Registered Office	Change an	d fee(s) are submitted for filing.			
Please returr	n all correspondence concerning this π	atter to the	following:			
Marcella Joh						
	Name of Person		<del></del> -			
Elite Busines	s Station, LLC					
	Firm/Company					
3005 W Lake	: Mary blvd					
	Address					
Lako Mary, I	1. 32746					
	City/State and Zip Code					
shakirahj052	4@gmail.com					
E-mail	address: (to be used for future annual	report noti	fication)			
For further i	nformation concerning this matter, ple	ase call:				
Marcella Joh		407 at (	325-5434			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following an	iount:				
<b>a</b> \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

## 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.

2. (a)		(h	o)				
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  3013 Island Bay Cir				
	3013 Island Bay Circle						
	Sanford, Ft. 32771		Sanford, I	14 3277 )			
	11/28/2023		L23000529	9364			
3.	Date of filing/registration in Florida	4.		Document number			
. (a)	Inc. Authority						
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	390 North Orange Avenue						
	Registered Office Address (MUST BE FLORIDA STREET	_					
	Suite 2300-N						
	Orlando	FL_32801	· .				
(b)	Marcella Johnson	<b>202</b>					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	3005 W Lake Mary Blvd			FILE 2024 NOV -1 A SECRETARIA			
	NEW Registered Office Address:		-	ED AM 10: 28			
				- 15 E			
	Lake Mary	FL					
hange gent v vas/we he arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of the member cles of the membe	the registere I liability co rs of the lim the limited l	ed office ar impany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.			
Y  Y  Signal	ture of a member of authorized representative of a member		Cetta Jenns	Printed or typed name of signee			
l here.	by accept the appointment as registered agent and comploins of all statutes relative to the proper and comploid in the proper and comploid in the proper and comploid in the properties of my position as registered agent as provided in the properties of the properti	ete performe ided for in C	ance of my Thapter 60.	pacity. I further agree to comply with the duties, and I am familian with and accep 5, F.S. Or, if this document is being filed the limited liability company has been			