

L23000550089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

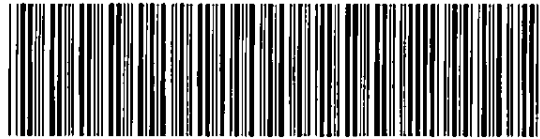
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Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eli Family Foundation LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Bryce

Name of Person

Eli Family Foundation

Firm/Company

6300 NW 97 Ave

Address

Miami, Fl. 33178

City/State and Zip Code

richbryce@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Bryce

954

658-7853

at ( )

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

**Registration Section**  
**Division of Corporations**  
**The Centre of Tallahassee**  
**2415 N. Monroe Street, Suite 810**  
**Tallahassee, FL 32303**

**Enclosed is a check for the following amount:**

**☑ \$25 Filing Fee**

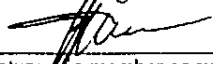
☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: Eli Family Foundation
2. (a) 6300 NW 97 Ave, Miami, FL 33178  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
6300 NW 97 Ave  
Miami, FL 33178
- (b) PO Box 824663 Pembroke Pines, FL 33082  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
PO Box 824663  
Pembroke Pines, FL 33082
3. 12/13/2023 Date of filing/registration in Florida
4. L23000550059 Document number
5. (a) Zen Business  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
336 E College Ave #301 Tallahassee, FL 32301  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
336 E College Ave  
Tallahassee, FL 32301
- (b) Richard Bryce  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
NEW Registered Office Address:  
6300 NW 97 Ave  
Miami, FL 33178

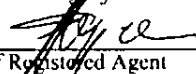
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Richard Bryce

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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