## 1240000 LATO

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Lasiness Lini, Italies)					
<u> </u>					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					
HORNE					
5. 5. 2024					
J. HORNE APR 1 & 2024					

Office Use Only



700427687657

FILED 2024 APR 15 hH 9: 39

2024

APR 15 PH 1:3

## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive

Tallahassee, FL 32312

04/15/2024

D	te: 04/15/2024		wil SW
		Acc#I20160000072	4: ( ) = V
Name:	ELEVEN SC	OCIAL CLUB L.L.C.	
Document #:			
Order #:	15494253		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: 1	\$ 25.00 Thank you!	

## 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. Na	ame of the limited liability company: ELEVEN SOCIA		L.L.C.
2. (a)	Principal office address of limited liability company:	(1	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	935 SW 21ST WAY		935 SW 21ST WAY
	BOCA RATON, FL 33486	_	BOCA RATON, FL 33486
	02/07/2024		L24000069676
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
,	Registered Agent and Registered Office shown on the records of TETU, ALAIN		a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 935 SW 21ST WAY	ADDRES.	<u>5)</u>
	BOCA RATON, F	L 33486	2024
(b)	NRAI SERVICES. INC.		2021 APN 15
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	Idress:
	NEW Registered Office Address:		
	1200 SOUTH PINE ISLAND ROAD		· J
	PLANTATION , F	L	
the cha agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regard iability control of the line is limited	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.  NRAF revices, lac.  Linda Stauffer, Assistant Secretical Registered Appli	e perforn ed for in hereby c	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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