L24000275576

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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024 SEP -4 PM 1: 08

	COVER LETTER						
	istration Section sion of Corporations						
SUBJECT:	ESTLON CAPITAL LLC						
	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	I Registered Agent/Registered (Office Change and	free(s) are submitted for filing.				
Please return	all correspondence concerning	g this matter to the	following:				
Courtney Pro-	efrock						
	Name of Person		<u> </u>				
Anderson Bus	siness Advisors						
	Firm/Company		_				
3225 McLeoc	1 Drive, #100						
	Address						
Las Vegas, N	V 89121						
-	City/State and Zip Cod	c					
ra@andersona	advisors.com						
E-mail	address: (to be used for future	annual report noti:	fication)				
For further in	nformation concerning this mat	ter, please call:					
Courtney Pro	efrock	800 at (7064741)				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the follow	ing amount:					
€ \$2	25 Filing Fee	□ s	S55 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. N	ame of the limited liability company: ESTLON CAP	ESTLON CAPITAL LLC				
2. (a)	3225 MCL ROD DR SHITE 100		3225 MCI.	CLEOD DR SUITE 100		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LAS VEGAS, NV 89121		LAS VEGA	AS. NV 89121		
	06/18/2024		1.24000275:	576		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	ESTLON PROPERTIES LLC					
J. (41)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024		
(D)	3956 W TOWN CENTER BLVD SUITE 466					
	ORLANDO,	FL_32837		17 1 L 2024 SEP -4 TALLAHASS		
	Anderson Registered Agents, Inc.			SEP -4 PH 1:08 AHASSEE, FLORIDA		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	625 E. Twiggs Street, Suite 110,					
	NEW Registered Office Address:					
	Tampa	FL_33602				
change agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the writney Proefrock.	he registered liability con s of the limi he limited li	l office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Signature of a member or authorized representative of a member			Printed or typed name of signee			
PURSEUC	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	tra 21/20/12/05/21/1	11/1/2 /3/ 31112 /5	utive and familiar with and accept		

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

Signature of Registered Agent