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# Lindell & Kellison, P.A.

Attorneys and Counselors at Law 12276 San Jose Boulevard, Suite 126 Jacksonville, FL 32223-8630

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1. ELITE FIVEHING 9	FULFILLMENT, L. C. (Document #)	
2(Corporation Name)	(Document #)	- <b>9</b> 00
3. (Corporation Name)	(Document #)	च '
4(Corporation Name)	(Document #)	4/1
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy  Certified Copy  Certificate of Status	[
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	-
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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 9, 2001

LINDELL & KELLISON, P.A. % J. MICHAEL LINDELL 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223-8630

SUBJECT: ELITE FINISHING & FULFILLMENT, L.C.

Ref. Number: L9900000035

We have received your document for ELITE FINISHING & FULFILLMENT, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Corporate Specialist

Letter Number: 101A00056247

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 25, 2002

ELITE FINISHING & FULFILLMENT, L.C. 9446 PHILIPS HWY., STE. 6 JACKSONVILLE, FL 32256

SUBJECT: ELITE FINISHING & FULFILLMENT, L.C.

Ref. Number: L9900000035

We have received your document for ELITE FINISHING & FULFILLMENT, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your new registered agent must sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 602A00004362

## Lindell & Kellison, P.A.

Attorneys and Counselors at Law 12276 San Jose Boulevard, Suite 126 Jacksonville, FL 32223-8630

#### J. Michael Lindell

Board Certified by the Florida Bar in: Civil Trial and Business Litigation Law

Lee G. Kellison
Also Licensed as CPA

Telephone (904) 880-4000 Telecopier (904) 880-4013 lk@lindellkellison.com

January 2, 2002

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Statement of Change of Registered Agent Address

Dear Sir/Madam:

Enclosed please find Certificates of Change of Registered Agent Address for CDISC of Florida L.C. and Elite Finishing & Fulfillment, L.C.

I previously forwarded these changes on an incorrect form. The fee for the filing of these documents was forwarded at that time. Therefore, payment for these documents has previously been made.

If you have any questions, please contact me.

Sincerely,

Jamie M. Berger

Paralegal for J. Michael Lindell

JML/jmb Enclosures

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agons, or com, in the bla	20 0) 2 20. 100.					
1. The name of the limit	ed liability com	pany is: Elit	e Finishi	ing & Fulf	illment,	L.C
2. The mailing address of	of the limited lia	bility company is	9446	Philips H	ighway, S	Ste 6.
Jacksonville	, FL 32256	<u> </u>	·	÷ .	-	
12/30/98			L990	00000035		
3. Date of filing/registra	tion in Florida	<u> </u>	4. Docu	ıment number		
5. The name of the regist Florida Department of		the registered offi	ce address as	s shown on the	records of t	the
y your Debut and or		nael Lindell		-		
		Name		<del></del> -		
	233 F=c	st Bay St	620 Black	retona Bld	a	
		Address	·····	<del></del> 514	5 <b>•</b>	
	Jackson	nville, FL		-	😅	
	* - "	City, State and	Zip		RS NS	
6. The name and address	of the new regis	stered agent and/o	or office:		FEB -	mgh.
	J. Mich	nael Lindell		·		
	12276 S	Name San Hose Bou	lévard, S	Suite 126	OZ FEB -7 PM 12: 20	<u> </u>
	Florida street	address (P.O. Bo	x NOT acce	ptable)	TIONS ; 20	A i
	Jacksonvi	ille <b>FL</b>	32223-			
	<del></del>	City, State and	Zip	-		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the line or the operating agreement of the line of the member of the line of the operating agreement of a member or authorized the line of the line of the operating agreement of the line of t	change or change f the registered a creby confirmed mited liability cont of the limited	es are made, the I agent will be iden that the change(sompany or as othe I liability compan	Florida street tical. Or, in s) was/were a erwise provid	address of the the case of a F authorized by a	registered of Torida limite in affirmativ	office ed ve vote
Douglas Pullen (Printed or typed name of signed) I hereby accept the appointments of the provision and I am familiar with archapter 608, F.S. Or, if address, Thereby confirm	e)	ouality Resp stered agent and a relative to the pr ligations of my po s being filed to me d liability compan				

FILING FEE: \$25.00

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

INHS18(10/99)

(Signature of Registered Agent)