## M13000000139

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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SECRE FARY OF STATE

C. LEWIS
FEB 2 2 2013
EXAMINER

## COVER LETTER

Division of Corporations	
SUBJECT: <u>ÉLEKTRO</u> ST	TKS LLL
Name o	f 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 concernir	ng this matter to the following:
TONATHAN CLEM Name of Person	<del></del>
ELEKTRO STIKS LL Firm/Company	<u>C</u>
18495 South Dexie H	lwy #175
MTAMI, FL 33157 City/State and Zip Code	
E-mail address: (to be used for future annual report	. C O M
For further information concerning this ma	atter, please call:
JONATHAN CLEM	at ( 756 ) 267 7700  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ring 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 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.

1. Name of the limited liability company: ELEKTRE	STIKS LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	100 Admirals LANE ————————————————————————————————————
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	18495 SOUTH DIXIE HW MIAMI, FL 33157
01-07-2013	M13000000139
3. Date of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	FRANCES O VILLARREAL
Registered Office Address:	1441 SW 30 t' AVE SUITE 2
	Pompono Beach Fc 33069-118
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	JONATHAN CLEM
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	KEY WEST ,FL 33040
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Towat HAN CLEM  Printed or typed name of signee	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the profund I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company  Signature of Registred Agent  Division of Corporations, P.O. Box 632  FILING FEE: \$2	7, Tallahassee, FL 32314