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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The	Elite Connection, Inc. (Name of corporation)
DOCUMENT NUMBER:	CRZE045 - P0400005084

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greta Hostetler (Name of contact person) The Elite (onnection, Inc. (Firm/Company) 18134 Regents Square Dr. (Address) Tampa FL 33647

For further information concerning this matter, please call:

(Name of contact person) at (813) 991-0165 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: The Elite Connection, Inc.
2. The principal office address: 18134 Regents Sq. Dr.
Tampa FL 33647.
3. The mailing address (if different): <u>N/α</u>
4. Date of incorporation/qualification: Jan. 6, 2004 Document number: <u>P04000005084</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Richard A. Hosteller, CFO
18134 Regents Square Drive Egg 3
Jampa, FL 33647
6. The name and street address of the new registered agent (if changed) and /or registered office
Greta Hostetler 33 5
(P.O. Box NOT acceptable) gents Square Dr. 5th
Tampa FL 33647

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thereby 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 obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agen

If signing on behalf of an entity:

* ca

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314