

PO6000146034

(Requestor's Name)

(Address)

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TO: Amendment Section
Division of Corporations

SUBJECT: Elite Alliance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 308 Chg of R/A (corp)

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:

Nathan Heald
(Name of Contact Person)

Elite Alliance Services, Inc
(Firm/Company)

7110 Limestone Lane
(Address)

Tampa FL 33619
(City/State and Zip Code)

For further information concerning this matter, please call:

Nathan Heald at (813) 731-0102
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2008

NATHAN HEALD
7110 LIMESTONE LANE
TAMPA, FL 33619

SUBJECT: ELITE ALLIANCE SERVICES, INC.
Ref. Number: P06000146034

We have received your document for ELITE ALLIANCE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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
Regulatory Specialist II

Letter Number: 108A00027575

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Elite Alliance Services, Inc.
2. The principal office address: 7110 Limestone Lane
Tampa, FL 33619
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/20/06 Document number: P06000146034

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Shacey Heald
7110 Limestone Lane
Tampa FL 33619

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Presnell
1515 Sabra Dr.
(P.O. Box NOT acceptable)
Brooksville FL 34601

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.

[Signature]
(Signature of an officer or director)

Nathan Heald
(Printed or typed name and title)

I hereby 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 document 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.

W Presnell
(Signature of Registered Agent)

5-14-2008
(Date)

If signing on behalf of an entity:

William Presnell
(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