

P 110000083053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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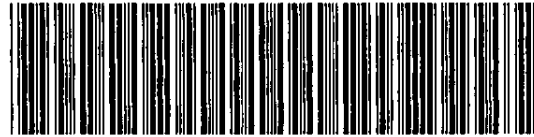
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EXAMINER



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12 JUN -7 AM 8:50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELMVALE ENTERPRISES, INC
Name of Corporation

DOCUMENT NUMBER: P11000083053

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:

MATTHEW BELL
Name of Contact Person

BELL & VAN GRONDELLE CPA FIRM
Firm/Company

109 AMBERSWEET WAY STE 401
Address

DAVENPORT, FL 33897
City/State and Zip Code

OFFICE@BELLVANCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW BELL at (863) 420-0499
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

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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: ELMVALE ENTERPRISES, INC
2. The principal office address: 3109 GRAND AVE STE 246, MIAMI, FL 33133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/20/2011 Document number: P11000083053
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

DAVID MOSSOP

3109 GRAND AVENUE STE 246

MIAMI, FL 33133

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

MATTHEW BELL

109 AMBERSWEET WAY STE 401

P.O. Box NOT acceptable

DAVENPORT, FL 33897

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.

David Mossop
Signature of an officer or director

DAVID MOSSOP - President
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.

MD
Signature of Registered Agent

6/3/2012
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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