

P130000 21146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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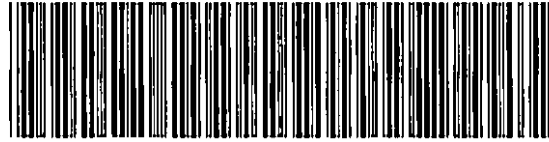
(Business Entity Name)

(Document Number)

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T. LEMNEUX

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELENKOS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P13000021146

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:

ROBERT O'DONNELL  
Name of Contact Person

TIOBOB ENTERPRISES, INC.  
Firm/Company

1129 PALERMO AVENUE  
Address

CORAL GABLES, FLORIDA 33134  
City/State and Zip Code

ROBERT.ANTHONY.ODONNELL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT O'DONNELL at ( 305 ) 6075727  
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

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: ELENKOS
2. The principal office address: 1129 PALERMO AVENUE CORAL GABLES, FLORIDA 33134

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/06/2013 Document number: P13000021146

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)

NRAI SERVICES
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

ROBERT O'DONNELL
145 S OCEAN AVE, #420
PALM BEACH SHORES, FL, 33404

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of the 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

Robert O'Donnell
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.

[Signature]
Signature of Registered Agent

6/26/2017
Date

If signing on behalf of an entity:
Typed or Printed Name

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