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| (Re | questor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | + + + + + + + + + + + + + + + + + + + | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT, CORE ELITE OPERATIONS, INC

Name of Corporation

DOCUMENT NUMBER, P14000

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:

JOSHUA WADE MARCUS

Name of Contact Person

CORE ELITE OPERATIONS, INC

Firm/Company

12400 SHAWNEE TRAIL

Address

LARGO, FL 33774

City/State and Zip Code

JMARCUS@COREELITEOPS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA MARCUS

_./813 \ 361-4848

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

| statement of cha | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of | FLORIDA |
|-----------------------------------|--|--|---------------------|
| | 0 0 2 | registered agent, or both, in the State of I | Florida. |
| 1. The name of | the corporation: CORE ELITE | OPERATIONS, INC | |
| | office address: 12400 SHAW | NEE TRAIL | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incor | poration/qualification: FEB 8, 2 | 2013 Document number: P1400 | 00059406 |
| | I street address of the current regist rtment of State: (If resigned, enter r | tered agent and registered office on file w resigned) | ith the |
| | JOSHUA WADE MARCI | JS | |
| | 621 2ND STREET APT | A | |
| | INDIAN ROCKS BEACH | I, FL 33785 | 2016 (|
| 6. The name and (if changed): | I street address of the new registere | ed agent (if changed) and /or registered of | |
| | JOSHUA WADE MARCI | JS | PM 12: 23 |
| | 12400 SHAWNEE TRAIL | | |
| | | ox NOT acceptable | ii. |
| The street addre | LARGO, FL 33774 ess of its registered office and the | street address of the business office of it | s registered agent, |
| | | | |
| Such change was authorized by the | as authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by an een notified in writing of the change. | officer so |
| Lon 1 | | JOSHUA MARCUS PRES | |
| / | the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely i that the corporation has been not | Printed or typed name and tit ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic ified in writing of this change. | |
| Cal 2 | | OCTOBER 09, 2016 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| JOSHUA M | | | |
| T | yped or Printed Name | | |

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