## P15000000386

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Richard St. Paul Elliott PA  Name of Corporation			
Name of Corporation			
DOCUMENT NUMBER: P 5 0 0 0 0 0 3 8 6			
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:			
Richard Elliott			
Name of Contact Person			
Firm/Company			
10480 NW 50th Dr.			
10480 NW John Dr.  Address  Coral Springs FL 33076  City/State and Zip Code  1371Ch D4 Qq maul. (sm			
City/State and Zip Code			
itsrich 04 egmand.com			
E-mail address: (to be used for future abnual report notification)			
For further information concerning this matter, please call:  Runard Ellott at (94) 854 - 4324.  Name of Contact Person Area Code & Daytime Telephone Number			
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
in order to change its registered office or registered agent, or both, in the state of Florida.
1. The name of the corporation: Kichard St. Vau Elliott, VH.
2. The principal office address: 10480 NW 904 DV.
Coral Springs fl 33676
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{1/2/15}{}$ Document number: $P/500000386$
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)
Oprovation Service Company
1201 Hays Sheet
Talahassee KL 32301 - =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kichard St. Youl Elliott
10480 NW 502 Drive.
P.O. Box NOT acceptable
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 of the corporation has been notified in writing of the change.
Signature of an officer or director  Lichard St. Paul Ellio H.  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.
8/4/15
Signature of Registered Agent Date
If signing on behalf of an entity:  Richard H. Paul Ellott
Typed or Printed Name

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