P150000094253

(Requestor's Name)				
(Address)				
(Address)				
(City/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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OCT 2 4 2018 I ALBRITTON

COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
	DIGITAL, INC		
SUBJECT:	Name of Cor	rporation	
	P15000096253		
DOCUMENT NU	MBER:		
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	LEONID L	LUKIN	
	Name of Cont	act Person	
	ELVI DIGIT.	AL, INC	
	Firm/Con	npany	
301 YAMATO ROAD, SUITE 1240			
-	Addre	ess	
	BOCA RATO	N, FL 33431	
	City/State and	I Zip Code	
	elvidigital@	gmail.com	
-	E-mail address: (to be used for fu	ture annual report notification)	
c .			
For further/inform	ation concerning this matter, please ca	all:	
LEONID LUKIN	1	561 4254451	
5 Na	me of Contact Person	at () Area Code & Daytime Telephone Number	
Encosedis a \$35.	00 check made payable to the Departr	ment of State.	
= K		0	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

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

statement of char	age is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of $\frac{FL_0}{FL_0}$ vistered agent, or both, in the State of Flor	ORIDA
1. The name of the	ELVI DIGITAL, INC		
2. The principal of	office address:	<u></u>	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 11/28/2015	Document number: P1500009	96253
	ment of State: (If resigned, enter resigned,		the
	BALDWIN, THE	ODORE V, SR.	. 2
•	301 YAMATO RO	AD, SUITE 1240	SECTION TO
	BOCA RATOR	N, FL 33431	PILL SECRET
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered office	- 100° · 1
	REGISTERED A	AGENTS INC.	98.55 83
	3030 N. Rocky Point I	Drive, STE 150A	シ
	P.O. Box 1 Tampa, FL	NOT acceptable 33607	
The street addre as changed will	ss of its registered office and the stre be identical.	eet address of the business office of its re	egistered agent.
Such change wa authorized by th	s authorized by resolution duly adop e board of the corporation has been	need by its board of directors or by an offinotified in writing of the change.	icer so
•		Leonid Lukin / VP	
Signatur	e an officer or director	Printed or typed name and title	
I further agree t performance of avent. Or, if thi	my duities, and I am familiar with an	tatutes relative to the proper and comple d accept the obligation of my position as reflect a change in the registered office a	s registered
	Bell	10/01/2018	
Sign	athread Registered Agehi	Date	
If signing on bel	half of an entity:		
Bill Havre	/Assistant Secretary		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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