Plotte-11319

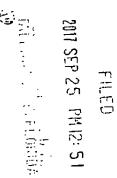
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
- PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800303582488

09/25/17--01038--027 **35.00



C. GOLDEN SEP 2 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELN CONSULTING CORP

Name of Corporation

DOCUMENT NUMBER: P16000071379

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:

ELEFTHERIOS NICOLAIDES

Name of Contact Person

Firm/Company

6923 FABIANO CIRCLE

Address

BOYNTON BEACH, FL 33437

City/State and Zip Code

LAKIS1@AOL.COM

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

For further information concerning this matter, please call:

ELEFTHERIOS NICOLAIDES

561 (20

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Stat ange is submitted for a corporation organized under the laws of the State of FLC er to change its registered office or registered agent, or both, in the State of Flor	ORIDA		_
	the corporation: ELN CONSULTING CORP office address: 6923 FABIANO CIRCLE, BOYNTON BEACH	I,FL	. 334	37
3. The mailing o	address (if different):			
4. Date of incor	poration/qualification: 8/29/2016 Document number: P160000)713	379	
	d street address of the current registered agent and registered office on file with a runent of State: (If resigned, enter resigned)	the		
•	UNITED STATES CORPORATIONS AGENT INC			
	13302 WINDING OAK COURT A	٦		
	TAMPA , FL 33612	<u>-</u> ';.'	2017 S	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 	! 	EP 25	الة 13
	ELEFTHERIOS NICOLAIDES	*. ,	PH 12:	D
	6923 FABIANO CIRCLE P.O. Box NOT acceptable	ít; Pr	5	
	BOYNTON BEACH , FL 33437			
The street address changed will	ess of its registered office and the street address of the business office of its re I be identical.	gister	red ag	ent,
Such change wa	as authorized by resolution duly adopted by its board of directors or by an offi he board, or the corporation has been notified in writing of the change.	icer so	0	
TOUR JO	Des Nucleidel ELEFTHEN/OS N/CO pre of an officer or director ELEFTHEN/OS N/CO	LA	10	ES-Missina
I further agree performance of agent. Or, if the hereby canfirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple f my duties, and I am familiar with and accept the obligation of my position as his document is being filed merely to reflect a change in the registered office a that the corporation has been notified in writing of this change. That the corporation has been notified in writing of this change. Date	ete regis ddres	stered 8. I	_
If signing on be	ehalf of an entity:			
Т	Sped or Printed Name			

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