

P19000040354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

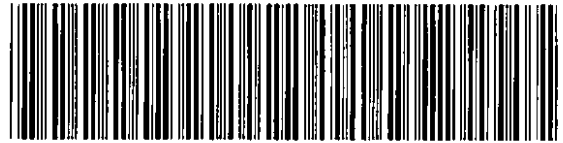
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 SEP - 8 AM 8:37

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elite Injector INC
Name of Corporation

DOCUMENT NUMBER: P1000040354⁹

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:

Jennifer E. Aloupis
Name of Contact Person

Elite Injector INC
Firm/Company

1720 SW Crane Creek Ave
Address

Palm City, FL 34990
City/State and Zip Code

JALOUPI3323@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer E. Aloupis at (954) 647-6660
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Elite Injector INC
2. The principal office address: 1720 SW Crane Creek Ave Palm City FL
34990
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/7/19 Document number: P1000040354
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) P19000040354

Jennifer E. Aloupis
7038 Springville Cove
Boynton Beach, FL 33437

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

Jennifer E. Aloupis
1720^{SW} Crane Creek Ave
Palm City, FL 34990

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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, or the corporation has been notified in writing of the change.

Jennifer E. Aloupis
Signature of an officer or director

Jennifer E. Aloupis officer +
Printed or typed name and title
president

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.

Jennifer E. Aloupis
Signature of Registered Agent

8/29/23

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)