P19000046510

(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



400330383954

06/17/19--01019--028 **35.90

S TALLENT JUN 27 2019 SECRETARY OF STATE

PLA M

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELSA PROMOTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: P19000046510

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:

ELSA M TABOADA

Name of Contact Person

ELSA PROMOTIONS, INC.

Firm/Company

11530 NW 56TH DR. -UNIT #106

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

elsataboada@aol.com

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

For further information concerning this matter, please call:

SETH E WRIGHT, ESQ.

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 chang	e is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA red agent, or both, in the State of Florida.	
1. The name of the	corporation: ELSA PROMOTO fice address: 503 NORTH 70TH	NS, INC.	
	LA, FL 32506		
3. The mailing add	ress (if different): (SAME)		
4. Date of incorpor	ation/qualification: 6/01/2019	Document number: P19000046510	
	reet address of the current registered agent of State: (If resigned, enter resigned	gent and registered office on file with the d)	
R	EGISTERD AGENT & OFF	FICE: SETH E WRIGHT	
5	03 NORTH 70TH AVENUE	20.	
P	ENSACOLA, FL 32506	9 JUN TALL	621
6. The name and st (if changed):	reet address of the new registered agen	second and /or registered office second seco	Mary Carry
1	NEW REGISTERED OFFIC	E ADDRESS:	
1	1530 NW 56TH DRIVE - U	NIT # 100	
P.O. Box NOT acceptable CORAL SPRINGS, FL 33076			
The street address as changed will be	of its registered office and the street a identical.	address of the business office of its registered agent,	
Such change was a authorized by the l	authorized by resolution duly adopted poard, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Sufficient Signature of	Wright Secretary	SETH E WRIGHT, SECRETARY Printed or typed name and title	
I further agrée to c performance of my agent. Or, if this o	duties, and Lam familiar with and ac	tes relative to the proper and complete cept the obligation of my position as registered act a change in the registered office address. I	
N/A	ire of Registered Agent	N/A	
If signing on behal		Date	
N/A	o. an omiy.		
	or Printed Name		

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