P24000004443

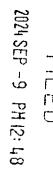
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
SEP 17 2024				
OEP 17 2024				

Office Use Only



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09/09/24--01014--024 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:	Elite Accounting Professionals INC	
Name of Corporation	on	
DOCUMENT NUM	MBER:_P240000044433	
The enclosed Staten	ment of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
Greg Takesian		
Name of Contact Pe		
Elite Accounting Prof	ofessionals INC	
Firm/Company		
1651 NE 115th St., Se	Suite 38	
Address		
Miami, FL 33181		
City/State and Zip C	Code	
	gregtakeisan@aol.com	
E-mail address: (to	o be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
Greg Takesian	at (305)710-3724	
Nam	ne of Contact Person Area Code & Daytime Telephone Num	ber

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

CR2E045 (04/13)

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

statement of ch	mge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida S corganized under the laws of the State of $\frac{1}{2}$ cregistered agent, or both, in the State of F	Florida
1. The name of	the corporation: Elite Accounting P	rofessionals INC	
	•	rd. Suite 1013, Miami, Florida 33181	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 1/16/2024	Document number: P24000	0044433
	d street address of the current regis rtment of State: (If resigned, enter)	tered agent and registered office on file wiresigned)	th the
	Greg Takesian		_
	1651 NE 115th St., #38		<u>.</u>
	Miami FL 33181		_
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered off	
	Greg Takesian		P - 5
	12864 Biscayne Blvd., Suite 1013		FILED FILED
		P.O. Box NOT acceptable	-0.7
	Miami, FL 33181		8.
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	
Such change w authorized by	as authorized by resolution duly a he board or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so
\mathcal{M}_{l}		Greg Takesian	
_	re of an officer or director	Printed or typed name and tit	Te
I further agree of my duties, ar document is by	to comply with the provisions of a nd I am familiar with and accept to	ent and agree to act in this capacity, all statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange.	l agent. Or, if this
		8-19-24	
(nature of Registered Agent	Date	
II signing on be	chalf of an entity:		
Greg Takesian			
Т	yped or Printed Name		

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