

LI6000164584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

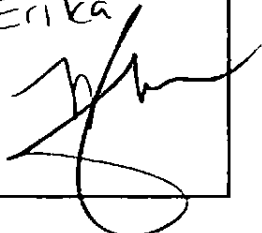
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to-Filing Officer:

Louis signed RA acceptance
Therefore, Louis listed as
RA and not Erika

OK to correct for
Louis.



Office Use Only

R/achy



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT 10 PM 3:43

M. MILLIGAN

OCT 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SETSTONE
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Capellupo
Name of Person

SETSTONE
Firm/Company

6154 Everlasting Place
Address

Land O Lakes FL 34639
City/State and Zip Code

LCAP78@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis or Erika Capellupo at (813) 388-5742
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SETSTONE

2. (a) 6154 Everlasting Place (b) 6154 Everlasting Place
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

LAND O' LAKES FL 34639 LAND O' LAKES FL 34639

3. 911116 Date of filing/registration in Florida 4. L16000164584 Document number

5. (a) Legalinc Corporate Services
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5037 Summerlin Commons Suit 400
Fort MYERS, FL 33907

(b) Louis Capellupo
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6154 EVERLASTING PLACE
NEW Registered Office Address:
LAND O' LAKES, FL 34639

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DIVISION OF CORPORATIONS
17 OCT 10 PM 3:49

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member [Signature] Printed or typed name of signee Louis CAPELLUPO

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent