

L17000 202 065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

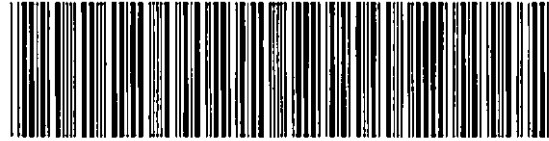
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COMMERCIAL
JAN 17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLDING AND CAPITAL LLC
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:

GUSTAVO ADOLFO GOMEZ GALVEZ
Name of Person

HOLDING AND CAPITAL LLC
Firm/Company

15901 COLLINS AVE APT 3203
Address

SUNNY ISLES BEACH FL 33160
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA ANDREA GOMEZ VASQUEZ at (305) 7751532
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: HOLDING AND CAPITAL LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
15901 COLLINS AVE APT 3203 15901 COLLINS AVE APT 3203
SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

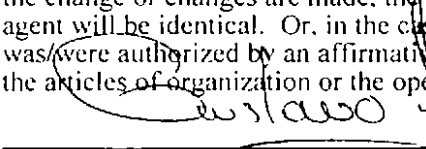
3. _____ 4. _____
Date of filing/registration in Florida Document number
10/02/2017 L17000202065

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ORTIZ VICTORIA E
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
10707 IVANHOE LANE
WELLINGTON, FL 33414

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
MARIA ANDREA GOMEZ VASQUEZ
NEW Registered Office Address:
15901 COLLINS AVE APT 3203
SUNNY ISLES BEACH, FL 33160

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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.

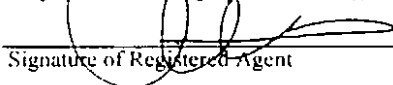


Signature of a member or authorized representative of a member

GUSTAVO A GOMEZ GALVEZ

Printed or typed name of signee

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 of Registered Agent